VS A15 (4) 1SM 9/S5

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MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

MARYLAND STATI	E DEPARTM	ENT OF HEALT	H-BALTIM	ORE, 18	. 0.100
3483	CERTIFICA	ATE OF DEAT	Н	Reg. Dis	()3439 I. No.
o. COUNTY Montgameas	MARYLAND	2. USUAL RESIDENCE (M a. STATE	There deceased lived.	If institution: Paidence. COUNTY	- (n'
Rural - Silver Coming	TH OF STAY IN 16	c. CITY OR TOWN (I)	outside carporote lim	its, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Bartling Rest Home		d. STREEF ADDRESS	584 Ar	we	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Typan (Middle	lost lost	4. DATE OF DEATH MA	Month 29	Day Yest
5. SEX 6. COLOR OR RACE 7. MARRIED NE Cauc WIDOWED	DIVORCED	B. DATE OF BIRTH	9. AGE lost	4 1 4 1 4	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	BUSINESS OR INDU	STRY 11. BIRTHPLACE (SION	e al foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
Charles Webber		14. MOTHER'S MAIDEN	NAME IN 80	d	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE (Yes. no. of unknown) (If yes, give wor or dates of service)	CURITY NO. 17. 1	NFORMANT RECOLL	lavina 3	800 58.00	v. 1 tyatter
18. CAUSE OF DEATH [Enter only one cause per line far (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last. (c)	(b), and (c).]	Ses, Fene	nali zeco		INTERVAL BETWEEN ONSET AND DEATH TO THE THE THE TWO TH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONE	DITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
	V INJURY OCCURRE	D. (Enter nature of injury in	Port I ar Port II af it	em 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Nath at work at work	while for	ACE OF INJURY (Hame, far ctary, street, affice bldg., et	m, 20f. (City ar town	n) {Co	ounty) (State)
21. I certify that I attended the deceased from olive on March 25, 1958 ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) James M. Whitlock	Mossi	1957, to K occurred of 2-45, M.D. 778 (Takan		couses ond on the	e dote stoted obove DATE SIGNED
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NA/ REMOVAL (Specify) Burial L/1/58 Ft.	ME OF CEMETERY O		Suit.	ity, town, or county)	(Stole)
Robert A. Pumphrey Bethe		24a. REC		246 REGISTRAR'S SIGI	

READER OF DEATH

ASSESS FOR THE SECOND RELIGIOUS AND ADMINISTRATION OF THE SECOND RESIDENCE AND ADMINISTRATION OF THE SECOND ADMINISTRATION OF THE SECOND ADMINISTRATION OF

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	COUNTY			MARY	AND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery						
ь		f outside corporate limits, write	RURAL	C. LENGTH OF STAY I		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Bethes	1		5 min.		X Chevy Chase						
0	I. NAME OF HOSPIT	TAL OR INSTITUTION (If not in he	ospital, give street oddress)	d. STREET ADDRES				-	e. IS RESID	
	#1 Farmi	ngton Drive	е			3706 S	pring !	St.			YES 1	
	NAME OF DECEASED	Fir	st:	Middle		Last	4. DATE OF	Mont	h	Day	Year	CTC
	Type or print)	Clifford		В		Allen	DEATH	March		20	188	3
5. 5	EX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years fost birthday)	IF UNDER		IF UNDER 2	-
	Male	White	WIDOW	The state of the s		15 May 187		84 yrs.	Months [Days	Hours M	in.
10o	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLACE (S	tate or foreign	country)	12. CITIZ	EN OF	WHAT CO	UNTRY?
Di	ning Car	Stuerden	JR	ailroad		Nova	Scotis	3	T	J.S.	Α.	
13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
		Tsaac ? A	7700		-	Felina A	ronald					
		ER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. IN	FORMANT		#1 Rydrau	ingto	n Di		
[Tes	no, or unknown)	(If yes, give war or dates of		701-18-9510	M	ary Estell	e Smith		h. Md		i. ● •	
	18. CAUSE OF DEA	TH [Enter only one cau			-		0 0 0 0 0 0		TANK.	INTER	VAL BETWEEN	
		TH WAS CAUSED BY:	C	oronary Occ]	nei	on				ONSE	HTAND DEATH	
	420.1	IMMEDIATE CAUSE (o)		0101111 0001	LUDI	711				2	min.	
		DUE TO	A	rteriosclero						1		
	Conditions, if a gove rise to imme	diote couse	- 1	reliosefer	DETR					110	year	8
	(o), stoting the											
7	couse lost.) (c)		CONTRIBUTING TO DEATH	I DILIT NI	NA DELIATED TO THE TE	DAMA DICE	ACE CONSTITUTE OF	IFALIAL BART	24-3/26	LAZAC ALIS	
10	PARI II. OII	HER SIGNIFICANT CON	ביווטאים	ONTRIBUTING TO DEATH	I BUI NO	DI KELATED TO THE TE	KWINALDISEA	SE CONDITION GIV	VEN IN PAKI		PERFORM	ED?
ICA		Inc.								Y	ES N	10
CERTIFICATION	PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING [6. DESCRI	BE HOW INJURY OCCUR	RED. (En	ter noture of injury in	Port I or Port	II of item 18.)				
3	20c. TIME OF INJU	RY Month, Day, Yes	or 20d.	INJURY OCCURRED 20		E OF INJURY (Home,		ity or town)	(Cou	nty)	(Stote)
MEDICAL	Hour a. m. p. m.	19	Whi of w	le Not while of work	factor	y, street, office bldg.,	etc.)					
	21. I certify t	hot I took charge	of the	remoins described	abov	e, held on Auto	psy [],	Inspection X	Inquir	/ X.	ond fin	d thot
	death resulted	from: Natural	couses	Accident,	Suic	ide 🔲, Homic	ide [],	Undetermined o	couse .			
		00	D.	0 00								
	ACTUAL	(my)	19.	Ball.		M.D. CHIEF MEDICA	L EXAMINER [DATE SIGN	HED
						ASSISTANT ME	DICAL EXAMIN	NER 🗆			-0	
	EXAMINER'S NAME (Type)	John G. Bal	1			DEPUTY MEDIC	AL EXAMINER	20	March	1 19	58	
220	BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREC	F	22c. NAME OF CEMETE	RYOR	REMATORY	22d. LOC	CATION (City, town,	or county)		(Stote)	
	Burial	3/22/58		Union Cer	eter			sburg			Va.	
23.	FUNERAL DIRECTOR	S'S SIGNATURE	211	3583 W	Goc	onough 240. F	MAR 2 4	STRAR 246 REGI	STRAR'S SIG	/	E	
0	rung Eka	se deineral	Hosa	e was	len	CATE DATE		100	redu	en		

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(State)

1. PLACE OF DEATH		2. USUAL RESIDENCE (WH	ere deceased lived. If institution:	: Residence before admission)		
o. COUNTY Montgomery	MARYLAND	o. STATE Distri	ct of Columbia			
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)	c. LENGTH OF STAY IN 16	11	utside carparate limits, write RUR	(AL and give nearest town)		
Bethesda (Rural)	58 days	Washin	gton 47	x-3		
d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
U.S. Naval Hospital, Bet	hesda, Md.	2420 16th Street, N.W. YES N				
B. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year		
(Type or print) Lucy	Drake	ALTHOUSE	DEATH March	4 X5 19 58		
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	last hirthday)	Months Days Hours Min.		
Female White wind	OWED DIVORCED	21 May 1881	76 yrs.	Months Days Hours Min.		
Oa. USUAL OCCUPATION (Give kind of work dane 1 during most of working life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country)	12. CITIZEN OF WHAT COUNT		
Housewife	Housewife	South Car	olina	U.S.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
Charles M. DRAKE		Elizabeth G.	ALVIN			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	\$		
No	Unknown (S	ictor) Ma T	ospehine D. Fol	ey (Same As #2)		

No	-	-	Unknown	(Sister)	Mrs.	Jospehine	D. Foley (Same As #2)
18. CAUSE OF PART I.	DEATH (Enter of DEATH WAS CALL IMMEDIATE	JSED BY: CAUSE (a)	The for (0), (b), and (c).	auoma	stan	nach ë n	metasteris	INTERVAL BETWEEN ONSET AND DEATH
gave rise	if any, which a immediate ting the under-	(b) DUE TO (c)				· ·		
PART II.	OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.)

20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Q. m. Not while at wark at work

, 19 58 58, that I last saw the deceased 5 January March 21. I certify that I attended the deceased fram._ and that death accurred at 8:10P.M, from the causes and an the date stated above. alive on 4 March ADDRESS (Street, city or town, stote)

ACTUAL SIGNATURE U.S. Naval Hospital, Bethesda, Md

22d. LOCATION (City, town, or county)

PHYSICIAN'S Burt U.S. Naval Hospital, Bethesda, Md. C. Johnson, LCDR, MC, USN

22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) -7-58 Arlington Nat'l Arlington, Virginia Cemetery DUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR AVE. N. W. Washington, D.C.

22c. NAME OF CEMETERY OR CREMATORY

ould be filed with director, funerol 2 filled and completely event within 22 hours after death. the attending þ in ony hos been signed burial, cremation, ar removal, and detached for use as the burial-transit TOR prior to TO FUNERAL D the registrar

death: Page 4

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TO HOSPITAL VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

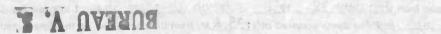
3486 CERTIFICATE OF DEATH

Reg. Dist. No. 3441

1	o. COUNTY Montgomer	v		MARYL		o. STATE Idaho	(Where	deceased li	ved. If institution b. COUNTY	on: Residen	ce befor	e admissi	an)
		outside carparate limits,	write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outsi	de corporat	e limits, write RI	URAL and	give near	rest tawn	V
	Bethesda	arear rowny		33 days		Lewiston			50	O X	3		
		AL (If not in hospital, giv	e street od			d. STREET ADDRESS						. IS RESI	DENCE FARM?
		cal Center	Bet	hesda II,	Md.	1021 Pow	ers	Avent	10				NO DE
3	NAME OF DECEASED	First		Middle		Last	4.	DATE OF	Man	th	Day		ear
	(Type or print)	Vivienne		Marie		Anderson		DEATH	March		14	_	958
5	. SEX	6. COLOR OR RACE	MARRIE	D NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9.	AGE (In years last birthday)	IF UNDER			-
L	Female	White	WIDOWED	DIVORCED		June 27, 1	922		35 yrs.	Months	Days	Hours	Min.
7	a. USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ne 10b. Ki	ND OF BUSINESS OF	R INDUSTR	Y 11. BIRTHPLACE (SI	late or f	fareign cour	ntry)	12. CI	TIZEN O	WHAT	COUNTRY?
II.	Housewife		N	one		Montana				U	. S.	A.	
Ti	FATHER'S NAME					14. MOTHER'S MAIDE		\E					
1	Clarence	Cox			257	Clella	Stit	rr					
	S. WAS DECEASED EVER	IN U. S. ARMED FORCE		OCIAL SECURITY NO.	17. INF	DRMANT The Me			acond Addi	ress			
1		If yes, give war or dates of sen	rice)	77 00 00	mi					. 71.	1/5	-7	2 /
-	No			(1-25-00		Clinical (venu	ver, i	sernesda	1/49	Mar		ha
	The second of the second	TH [Enter only one cause TH WAS CAUSED BY:	se per line	tar (o), (b), and (c).		0.1		. +			ONS	RVAL BE	DEATH
Г	PARI I. DEAI	IMMEDIATE CAUSE (a)_		Cursus	w	urs	22	1	A		de	-	Control of
	410X	DUE TO		1 -	4.	has A	/	0.	-7	1		-	
E	Canditions, if on	y, which) (b)_	(maes	we	read	Xa	duy	cry	rollu	um	54	us Isn
	gave rise to in	mediate DUE TO	-	-XO -	41	111	//	1	0 1/	1.		1	-
	lying cause last.	he under-	X	heumai	iche	ut disease	me	Bal	world	heies	ale.	11	yr
1		ER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TE	RMINA	L DISEASE C	ONDITION CIV	EN IN PAR	T 1/01 15	. WAS /	UTOPSY
1											1	PERFO YES T	RMED?
12	20g. ACCIDENT WA	S UNDERLYING [] 2	Ob. DESCR	IBE HOW INJURY OF	CURRED	Enter nature of injury	in Part	Lor Port II	of item 18.)			152 00	NO []
AOIA VISITOS		CAUSE OF DEATH	vo. Deser	DE HON WOOK! O	CORNED.	Emer notice of injury	.,, , , , , ,	, 0. , 0					
1401024	20c. TIME OF INJURY	Manth, Day, Year	20d. INJ	URY OCCURRED	20e. PLAC	OF INJURY (Hame, f	form,	20f. (City or	r town)	(County)		(Stote)
0 0 4	Hour o.m.	19	While at work	Not while	racio	y, street, office bldg.,	efc.)						
1					72	,,E'8 . 1	Mone	ah 71.	C8	2			
1		at I attended the a	deceased			, 19 <u>58</u> , ta_1			, 19_58				
1	alive on Marc	n 114	, 19 2	o and that	death c	ccurred at 4:38					he dat		
	1	21, +7	7 X	Tons	1		ADI	DRESS (Stree	et, city or town.	state)		DA	TE SIGNED
	SIGNATURE A	guery.	d.	VOLCE	M.	The Clin	ical	1 Cent	ter			3/11	1/58
1				//			ona.	1 Inst	titutes	of He	ealt	h	
	PHYSICIAN'S NAME (Type)	Robert T. I.	Long	7. M (D)		Bethesda			rland	0.2	0.000		
2	20. BURIAL, CREMATION	22b. DATE THEREOF		22c. NAME OF CEME	TERY OR I				N (City, town, o	or county)		(State	1
u	DELLOWAL (Specifie)	3/14/58	1									(STORE)	1
-	3. FUNERAL DIRECTOR'S			Memoria. ADDRESS	1	1		Lewis		aho	Chiatiin	-	
1		Pumphrey	-Ret			1		Y REGISTRA		SIKAK 2 SI	GNATUR	t	
		- ampiney	Det.	ilesua, iviu		DATE	MAR	1 8 '58	3 1992	LORI	11/4		

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3487	CERTIFICATE	OF DEATH
3481	OFICE IN COLUMN	OI DEMIII

9/	Reg. Dist. No.
34	1. PLACE OF DEATH o. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Bethesda c. LENGTH OF STAY IN 16 Bethesda
00	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 8203 Old Georgetown Rd. 6. IS RESIDENCE ON A FARM? YES \(\text{NOIX} \)
	3. NAME OF DECEASED (Type or print) LOUE MMA ASHBURN Lost ASHBURN ASHBURN Day Year DEATH March 1, 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 88 birthday) Months Days Hours Min. Wilder Months Days Hours Min. Wilder Months Months Days Hours Min. Wilder Min. Months Months Days Months Days Months Mont
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Home maker 12. CITIZEN OF WHAT COUNTRY Virginia U. S.
	13. FATHER'S NAME Lemuel Ashburn ??
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No None Mrs. Rubye Bane-Same Item #2-Daughter
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. (c) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO SECURENT WAS AUTOPSY FOR THE PROPERTY OF TH
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a. m. P. m. 19 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year While Not while of work of wo
/	21. I certify that I oftended the deceased from 5 / 8 , 1956, to Much / 19 18 that I lost sow the deceased olive on 1966 on the dots stated above ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W. T. JOYCE Bethesda, Maryland
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. Date Thereof 22c. NAME OF CEMETERY OR CREMATORY 3/2/1958 22c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City, town, or county) 12d. LOCATION (City, town, or count
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-7557 Wis. Ave. Beth. Md. Date MAR 4 '58 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 10/57

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ROSE AND A STANDARD S	311.00-3.00	HEADER OF DEATH	1930	
BOKEVA A. S.				
BOKEVO A. S.				
BOKEVO A' & Web * 1863 Web * 1863 A' CELALE ATTENDED ATTENDED			le reserve d	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 10/57

	3489	CERTIFI	CATE	OF DEAT	ГН		Reg, Dist	No. 03444
1. PLACE OF D	MONTGOMERY	MARYLAN	0	STATE	Where decease	ed lived. If instituti b. COUNTY	on: Residence	e before admission)
RURAL and	OWN (If outside corporate limits, wedgive nearest town)		1Ъ с.			orate limits, write f	RURAL and gi	ve nearest town)
OR INSTIT	HOSPITAL (If not in hospital, give s			STREET ADDRESS 4829 No.			Apt .W.	20 to is residence on a farm? yes \(\) NO \(\) X
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Mor	nth	Day Year
(Type or prin	Tamela	Elaine		ARTH	DEATH	Marc		30 1958
5. SEX		MARRIED NEVER MARRIED	_ ,	OF BIRTH	=0	9. AGE (In years last birthday)		YEAR IF UNDER 24 HRS.
Female	Caucasian				1958	yrs.		3
100. USUAL OC during mos Non	CUPATION (Give kind of work done t of working life, even if retired)	106. KIND OF BUSINESS OR IN None	NDUSTRY 1	Bethesda	e. Man	country) vland		S. A.
13. FATHER'S N	AME		14.7	MOTHER'S MAIDEN				
Glen	n Edward BARTH			Joan Ka	thleen	TENT		
15. WAS DECEA	SED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORM		OHILCCH		ress TJo a h	ington, D.C.
NO NO	n) (If yes, give wor or dates of service)	None	Joan	K. LENT	(Mo) 48			St. N.W.
18. CAUSE	OF DEATH [Enter only one couse p	per line for (a), (b), and (c).						INTERVAL BETWEEN
PAR	T I. DEATH WAS CAUSED BY:	Respiratory An	oxia					15 min.
Conditio	DUE TO ns, if ony, which)	Congestive Hea	mt Fo	ilime				Birth
gave ris	e to immediate stating the under-	congestive nea	IT Ta	TIME				DIT OU
lying cau		Congenital Hea	rt Di	sease				Birth
3	II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT R	LATED TO THE TER	RMINAL DISEAS	SE CONDITION GIV	EN IN PART	
U (IF EITHER,	ENT WAS UNDERLYING DEBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	IRRED. (Ente	r noture of injury i	in Port I or Pa	rt II of item 18.)		
20c. TIME O Hour	a. m. W	Od. INJURY OCCURRED 20e /hile Not while twork at work	PLACE OF factory, st	INJURY (Home, foreet, office bldg., o	etc.)	y or lown)	(Co	ounly) (Slote)
	March 30			rred at 1:2	OA M, fra ADDRESS (S		and an the	ist saw the deceased e date stated above DATE SIGNED 3-31-58
PHYSICIAN NAME (Typ	K. W. SELL L	T MC USNR		Bethes	da, Mai	yland		
REMOVAL (1 4-1-50	20c. NAME OF CEMETER Fort Lincoln				TION (City, town.		N.E., Wash.I
	CHAMBERS CO. 51'	ADDRESS 7 11th St.S.E.			C'D BY REGIS	TRAR 24b REGI	STRAR'S SIGN	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARTIANO STATE DEVANDMENT OF HERYTH-DINTHMORE, 19

A HARBIER

RIGHT STATE OF THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Poge files. Health, Q. STATE b. COUNTY MARYLAND CITY OR TOWN III outside corps c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RORAL and give nearest town) and give negrest town) ector Yaur J'D NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ond 3 to the function is no ond 3 to the function is 5 may be retained d 2 with the State & 3. NAME OF 4. DATE First Last Month DECEASED OF (Type or print) DEATH 22-hours ofter 5. SEX 6. EOLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IFUNDER TYEAR 8. DATE OF BIRTH 90 Months WIDOWED DO DIVORCED T Dec. 17-1867 Poge 1 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) Housewife Pennyelvenia poges 13. FATHER'S NAME Item 18. Give Pages alang with form PM3. Unka own Andrew Palmer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war ar dates of service) Mrs Edw. Brown. Mt Airy-Rt 3 Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] alang PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) buriol-transit pending" in pencil in cal Examiner's Office **DUE TO** Conditions, if any, which gove rise to immediate cause 40 DUE TO (a), stating the underlying cause lost. D 50 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY pasa the word "pend Chief Medical E 3 should be used 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) buriol, PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or tawn) 0 factory, street, affice bldg., etc.) Hour 3 to the C p. m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X icate, v DIRECTOR: opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER designate SIGNATURE " should be FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial March 25-58 0 240. REC'D BY RET ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NO 2

Year

IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN DINSET AND DEATH

PERFORMED?

NO V

(Stote)

and in my

DATE SIGNED

(State)

YES |

(County)

DATE

1958

Min.

Day

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VS. A15ME 5M 2/57

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BUREAU V. S.

8261 PS 841.

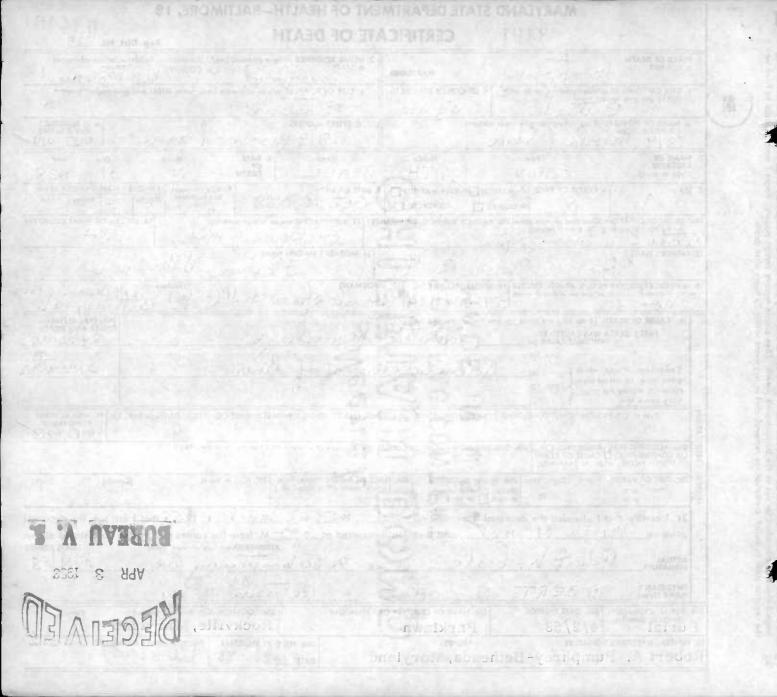
had not sale with the present the other

3491 CERTIFICATE OF DEATH Reg. Dist. No. 215 director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND MOUNG funeral b. CITY OR TOWN (If outside corporate limits, while c. LENGTH OF STAY IN 16 c. CITY OR TOWN(II) outside corporate limits, write RURAL and give nearest town be RURAL and give nearest town plane d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION 8 YES NO TO NAME OF 4. DATE First Middle Month Yeor Day filled BYRON BEAL SMITH (Type or print) DEATH 1958 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Doys Hours WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE-IState or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most aff) working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANI Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO þ Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year (County) foctory, street, office bldg., etc.) Hour o. m While Not while at work at work p. m. 1958 21. I certify that I attended the deceased fram. 1, 1958, that I last saw the deceased M, fram the causes and an the date stated above. and that death accurred at _______ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 4/2/58 Rockville, Maryland Parklawn 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Maryland VS A15 (4) DATE APR 3

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HOSPITAL



		3492	CERTIFICA	ATE OF DEATH	Reg. Dist	(13447
M	1. PLACE OF DEATH O. COUNTY MONTGO	OMERY	MARYLAND	2. USUAL RESIDENCE (Where decea o. STATE		
(C)	b. CITY OR TOWN (If outside corpo RURAL and give morest town)		GTH OF STAY IN 16	c. CITY OR TOWN (If oulside com	porote limits, write RURAL and gi	ve nearest town)
74	d. NAME OF MOSPITAL LIF not in he			d. STREET ADDRESS	INEV ROAD	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First TEPHEN	Middle	BENTZ 4. DATE OF DEAT	11	Day Yeor 14 19 58
	5. SEX 6. COLOR OF WILLIAM	WIDOWED [DIVORCED [8. DATE OF BIRTH MARCH 9. 1958	lost birthdoy) Months (YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind a during most of working life, even in none	of work done 10b. KIND C Fretired)	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign	country) 12. CITIZ	SA .
	13. FATHER'S NAME MARION FRAN	cis BENT	Z	JOANNE L	LSIE FIGH	
I)	15. WAS DECEASED EVER IN U. S. ARN (Yes. no. or unknown) (If yes. give wor or	dates of service)		NFORMANT Mrs. Joann	077 Sidney Rd.	200
	PART I. DEATH WAS CAUS	ED BY: AUSE (0) July	e), (b), and (c).]	ular Hemos	silver spr	THERENAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	(b) The	maturi	ty		
	couse (o), stating the under-	(c)	WITING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA		
2	ICATI					YES NO
		AINER)		D. (Enter noture of injury in Port I or Po		
	Hour o. m.	19 Ot work Ot	of while for	ACE OF INJURY (Home, farm, 20f. (Citory, street, office bldg., etc.)	ty or town) (Ca	ounty) (Slote)
	21. I certify that I attended	ed the deceased fra 1958	9	occurred at 1110 SPM, fro	am the causes and an the	ast saw the decease e date stated above
	ACTUAL SIGNATURE CAWLE	in S. Fr	nevele	M.D. 1944-Len	Street, city or town, stole) Rd	3-15-58
/	PHYSICIAN'S CARB	lyn S. t	Pincock	Silver S	pring, MA	RYLAND
	220. BURIAL, CREMATION, 22b. DATE 3/18	3/58 AI	RLINGTON NA	AT'L. CEMETERY A	ATION (Cily, town, or county) RLINGTON, VIRGI	
	23. FUNERAL DIRECTOR'S SIGNATURE	phrey 84?	SY Ha au	SS A RECORDER	8 '58 AU S	uch.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU K. E.

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BECEIVED

FOR STATE HEALTH DEPT.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Na Dia No 03449

-	3/19/	Keg, Dist.	. 140.
1, P	ACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	e before admission)
	minta on ery MARYLAND	o. STATE md b. COUNTY mon	li
b.	CITY OR TOWN (It outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and g	ive Accrest lown)
	and give negoty town)	* B. Thursda	
d.	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS	e. IS RESIDENCE
	6101 Soldston Rel	6101 Goldston Rd	YES NO
0	AME OF ECEASED (Clinton Charles Birb.	1. DATE Month OF DEATH Mea 3	Doy Year 1 1958
5. \$1		DATE OF BIRTH 9. AGE (In years IF UNDER TY foet birthday) Months Do	
	male white WIDOWED DIVORCED	12-1-1931 26 40.	
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY
	P. T.S. Clerk Govt. Govt.	maryland of	1.S.C.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Cirthur C Bopst	marie E. Hormes	
	WAS DECEASED EVER IN U. S. ARMED FOR ES? 16. SOCIAL SECURITY NO. 17. IN no. or unknown) (If yes, give war or dates of service)	FORMANT Address	
	no Unknown 0	to the Same of Steer	2
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN OUSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carbon mono	cule passers	Found dead
	973.1 DUE TO		in Gut
	Conditions, if any, which) (b)		Cla A. C
	gave rise to immediate cause		Jung
	(a), stating the underlying cause last.		
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
ATIO	Glader add a century appropriate plant of the control of the contr		PERFORMED?
5	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port 1 or Part 11 of item 18.)	100
CERTIFICATION	PRIMARY or CONTRIBUTING CAUSE OF DEATH.		
1.5.1	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Hame, form, 120f. (City or town) (Count	y) (Stole)
MEDICAI	Hour o. m. While Not while factor	ory, street, office bldg., etc.)	,,
2	p. m	A half to Antonia Data and Dat	EX. 1.1
	21. I certify that I taok charge of the remains described abo		
	apinion death resulted from: Natural causes [], Accident [, Suicide 🔀, Hamicide 🔝, Undetermined mo	onner 📙
	ACTUAL AT 10 B		DATE SIGNED
	SIGNATURE Trank J. From hout	_M.D. CHIEF MEDICAL EXAMINER	
	EXAMINER'S FLANK J. Broschart	ASSISTANT MEDICAL EXAMINER Man 3/	-58
220.	BURIAL, CREMATION, 22b. DATE THEREOF . 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
B	urial 4/4/58 Parklawn C	Cemetery Rockville, Mar	Mand
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24H. REGISTRAR'S SIGN	LATHRE
	Robert A. Pumphrey Bethesda, Mar	yland DATE	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral distance to should be proved to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL LARECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boo or its designated agent, priar to burial, cremation, ar remaval, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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BUREAU V. &

MEDICAL EXAMINER'S CLEDISTAYE OF DEATH

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STATE OF SERVICE PROPERTY.

DECEIVED

APR 2 1958

BUREAU V. S.

HTARO HOLSTADRITED

A CONTRACTOR

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death.: Page by the haspital or attending physician. OR: After this certificate has been signed by the attending physician and campletely filled in by detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after-death. TO FUNERAL DIF page 3 should

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03451

		349	15	CERT	IFICAT	E OF DEA	ATH		Reg. Dis		401
1	1. PLACE OF DEATH o. COUNTY	ontgomery		MAR	YLAND 2.	o. STATE Mar	E (Where decease yland	ed lived. If insti b. COUN	490.4	e before odmi	ision)
)	RURAL ond give nee	thesda		c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	N (If outside corp. ver Spr:		e RURAL ond g	ive neorest tow	n)
1	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, gi Subur		Hospital	20	d. STREET ADDRI 8 St. La	wrence l	Drive		ON.	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	First √illiam	1	Middle H		Bright,	Jr DATE		wonth arch	Doy 31	Yeor 1958
	5. SEX Male		WIDOWED	DIVORCE	D Ju		906	100	y) Months	YEAR IF UND Doys Hours	
1	Acc	N (Give kind of work ding life, even if retired) Ountant		sh. Brick		11. BIRTHPLACE	(State or foreign	country)	12. CITI	ZEN OF WHA	COUNTRY
/	13. FATHER'S NAME 15. WAS DECEASED EVER (Yes, no, or unknown)	am B IN U. S. ARMED FORCE If yes, give war or doles of ser		H + S	R	I. MOTHER'S MAI	Bell	BL	Address	2	
	PART I. DEAT	mediate (ase per line	for (o), (b), and (c), you avy build di		on-j	n n voly to	ic ileus	3-	INTERVAL BONSET AND 2 W	DEATH,
	Pepti	ER SIGNIFICANT COND	`	NTRIBUTING TO DE						PERF	AUTOPSY ORMED?
	(IF EITHER, NOTIFY A	Month Doy, Year	20d. INJ While of work	URY OCCURRED Not while of work	20e. PLACE foctory.	OF INJURY (Home street, office bldg	, form, 20f. (Ci	ty or town)	(C	ounty)	(Stote)
		March 3/	deceased, 1950			, 1958, to curred at 9		im the cause Street, city or to		e date stat	
1	PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION	TAMES H		monthy	CTCDY OD CO		Wo	reling	tan	D.C.	
	Bunya (Specify)	4-3-58		Rock	Creek		Wa	shingt	on D.C		te)
	23. FUNERAL DIRECTOR'S	1	×21=	ADDRESS I Mage	Au		REC'D BY REGIS	158 246 RI	EGISTRAR'S SIG	NATURE	200

CHETHICATE OF DEATH

BUREAU V. L.

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CEDI	CIPIC	ATE	OF	DEA	TIL
CERT		AIL	UL	UEA	ш,

Reg. Dist. No. 13452

5 (1.34)							
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	o. STATE	here deceased lived. If institution b. COUNTY	on: Residence before admission) Montgomery			
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)	te c. LENGTH OF STAY IN 16		outside corporate limits, write R				
Olney	9 days	X	Spencerville				
d. NAME OF HOSPITAL (If not in hospital, give strong in National Montgomery County Gen		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X			
3. NAME OF First DECEASED (Type or print) James	Middle Clifford	losi Brown	4. DATE Mon				
	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.			
	OWED DIVORCED	10.8.92	last birthday) 65 yrs.	Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY			
iani tor		Maryland		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Oliver Lee Brown		Annie 1	Brown				
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) 1 (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Add	ress			
		Hospital Reco	ords				
18. CAUSE OF DEATH [Enter only one cause po	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2 days						
1443 × DUE TO 2 CALVE							
Conditions, if ony, which) (b)	9 days						
gave rise to immediate cause (a), stating the under-	gave rise to immediate (DUCTO						
lying cause lost. (c)	tuine some but						
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b.	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 3			
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)				
Hour a. ft.	d. INJURY OCCURRED 20e. PL hile Not while work at work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)			
21. I certify that I attended the dec	21. I certify that I attended the deceased from 3.12 , 19.58, to 3.21, 19.58, that I last saw the deceased						
alive on 3.21	2 27 \ \ 59						
C A	ADDRESS (Street, city or town, state) DATE SIGNEC						
ACTUAL SIGNATURE	ACTUAL M.D. M.D.						
PHYSICIAN'S C. H. Ligo	on, M D., Sandy	Spring, Md.					
220. BURIAL, CREMATION, 22b. DATE THEREOF BUT181 3/25/58	Mt. Carme L		22d. LOCATION (City, town, Mt. Carme 1				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Laytons v11	Le, Md. 240. REC	D BY REGISTRAR 246. REGI	STRAR'S SIGNATURE			

VS A15 (4) 15M 9/55 BUREAU V. E. 8561 FZ 8V. SI allivenoreby

\$ 6		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist	. NO. 3453
4 should		1. PLACE OF DEATH o. COUNTY O. STATE O. STATE D. COUNTY O. STATE D. COUNTY O. STATE D. COUNTY O. N.	tyomery
. Page o buriol	M	b. CITY OR TOWN (If outside corporate limits, write RURAL ond good give neorest lown) Takoma Park	7
director les price	75	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) / d. STREET ADDRESS Washington Sanitarium & Hosp, 1405 Windham Lanc	e. IS RESIDENCE ON A FARM? YES NO
your fi		(Type or print) Marcia Michele, Burger DEATH 3	Day Year 19 58
to the fined for		5. SEX 6. COLOR OR RACE 7. MARRIED - NEVER MARRIED 8. DATE OF BIRTH 10-13-53 9. AGE (in years lost birthdoy) 4 yrs. Months Do	TEAR IF UNDER 24 HRS. The state of the state
ond 3 be retained 2 w	1	during most of working life, even if retired)	N OF WHAT COUNTRY?
5 moy ges 1 o		13. FATHER'S NAME MR. Robert Mercer Burger Abbott	
Page File po		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT / MR. Robert Burger - 1405U	windham La
n PM3.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MACHINETIA	INTERVAL BETWEEN ONSET AND DEATH
in Item with for transit	1	9210 DUE TO Conditions, if only, which) the Warnitage - asking T. O	Budden
alang buriol		gave rise to immediate couse (o), stating the underlying couse lost. DUE TO	
ding" ir Office sed as a	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(e) 19. WAS AUTOPSY PERFORMED? YES NO
d 'pendiminer's		200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
icol Exo 3 shou	15	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, (a/m, 20f. (City or town) factory, street, office bldg., etc.)	y) (Stote)
ef Med R: Poge		21. I certify that I took charge of the remoins described obove, held on Autopsy X, Inspection . Inquiry	, ond find that
RECTO		ACTUAL AT 10 B	DATE SIGNED
ded SRAL D	2	EXAMINER'S ELA COLL TO BE ASSISTANT MEDICAL EXAMINER	.00
forwarde O FUNER		PAME (Type) TANK J. / DEPUTY MEDICAL EXAMINER 2 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 3-1/-1458 MT. OLIVET CEMETERY FREDERICK -	(Stote)
S. A15ME(5)	- 2	23. FUNERAL DIRECTOR'S SIGNATURE 1/1. ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATURE
5M 9/55	1	C. E. Cline 4 Jon J. Garrier - a. Date MAR 1 4 '58 Date	/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3497 CERTIFICATE OF DEATH

Reg. Dist. No. 113454

)	o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE aryland	deceased lived. If institution: Res b. COUNTY Mon	idence before odmission) atgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Kensington	c. LENGTH OF STAY IN 16 10 Months	c. CITY OR TOWN (If outside Kensingto	e corporole limits, write RURAL o ON	and give nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 0231 Carroll	oddress) Place	d. STREET ADDRESS	oll Place	e. ts residence ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) HILLEARY	THO. HAS	-	DATE Month OF DEATH MARCH	Day Year 16 1958
	Male 6. COLOR OR RACE 7. White Widow		B. DATE OF BIRTH Mar. 22, 186	Look briefbaland	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
	On Struction - Concrete On Struction - Concrete	- Retired.	Washington		CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME Proverb Bur	rows	14. MOTHER'S MAIDEN NAME Emily Q		
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes. no. or unknown] [If yes, give war or dates of service]	SOCIAL SECURITY NO. 17. 1	NFORMANT Daughtes.Nellie Morr	T)	ethesda, Md.
	18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), sloting the under- lying couse lost. (c)	RONARY YPERTENS ESSENTIA		OS(S T DISTASO	INTERVAL BETWEEN ONSET AND DEATH
3	PART 11. OTHER SIGNIFICANT CONDITIONS	/	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	DEDECUDITEDO
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II of item 1B.)	
	Hour o. ji. While	NJURY OCCURRED 20e. PL Not white fo	ACE OF INJURY (Home, farm, 20 story, street, office bldg., etc.)	F. (City or town)	(County) (Stote)
1	ACTUAL SIGNATURE SECURITION DE PHYSICIAN'S	and that death	occurred at 7: 15 AM		
	NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, town, or coun	ty) (Stote)
	Burial 3/18/58 3. FUNERAL DIRECTOR'S SIGNATURE	Cedar Hill		20 27 20 37 20 37 20 37	ryland
	Robert A. Pumphrey,	Bethesda, N	240. REC'D BY	REGISTRAR 246. REGISTRAR'S	SIGNATURE
			The state of the s		- Contraction

242 242 9261 81 AAM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03455

OX	30		Reg. Dist.	No.
1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where decease o. STATE	ed lived. If institution: Residence	before admission)
mont yomer	MARYLAND	maryland	menta	ment
b. CITY OR TOWN of outside corporate limits BURAL and give hearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porote limits, write RURAL and Siv	e nearest towy
Betheoda	30 days	x Mensing	+m	
d. NAME OF HOSPITAL (If not in haspitol, g OR INSTITUTION	(ive street oddress)	d. STREET ADDRESS	1	e. IS RESIDENCE
Suburban		9620€	Box hell	YES NO
3. NAME OF DECEASED	st Middle	Lost 4. DATE	Month	Day Yeor
(Type or print)	as A	15/17 DEATH	· march o	22 195
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	Land to all the state of	YEAR IF UNDER 24 HRS.
111 111	WIDOWED DIVORCED	FOB 1 > 1898	lost birthdoy) Months De	oys Hours Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired	dane 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of foreign		EN OF WHAT COUNTRY
Carporation Edpout	14. 1. /	id Kackville	md.	115
13. FATHER'S NAME		14. MOTHER'S-MAIDEN NAME	.00	
Heath Bu	71	Moberta	Chahma	n
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown) (If yes, give wor or dates of si		NFORMANT	Address Wa	2k 1/2 1
WWI	577-01-99854	Win Farter 4	4219 Cheas	conte
18. CAUSE OF DEATH [Enter only one co	use per line far (a), (b), and (c),			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Barelo new	Ac- deal wel	cotton.	ONSET AND DEATH
IMMEDIATE CAUSE (o	1	- The state of the	, and	jouro,
40./ DUE TO	11 . (to Po-this	1. 11.	1 - 11 1
Canditions, if any, which gove rise to immediate (b	ermery-les	Released	Med alxes	I rue
couse (o), stoting the under-				
lying couse last.) (c				
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY
CATI				PERFORMED? YES NO
IL 200 ACCIDENT WAS UNDERLYING TO	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Po	ort II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
S 20c. TIME OF INJURY Month, Doy, Yea	ar 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (Cit	ty or town)	-4.3
Hour o. m.	While Not while for	ctory, street, office bldg., etc.)	, or 10mil) (Cor	unty) (Stole)
₹ p. m.	of work of work		10	
21. I certify that I attended the	deceased from	7, 19, to 3/22	1509 that I la	st saw the deceased
alive an 3/22/581	19 and that death	accurred at 8 19 P. M. fro	m the causes and an the	date stated above
12/	1/2/10/		Street, city or town, state)	DATE SIGNE
SIGNATURE Rucker	Shalol	400-17	the M. W.	3/22/57
TZ	7 1	M.D		1-1-1-0
PHYSICIAN'S PEPP	AM Q U. VV	AISH		
220. BURIAL, CREMATION, 226. DATE THEREO	F 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCA	ATION (City, town, or county)	(Stote)
REMOVAL (Specify) 3/25/58	Rockville		1 /22	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGIS		yland ATURE
			0 / -	1
Robert A. Pumphrey	Bethesda Mar	vland DATE AD 2 6 'E	0 000 0 0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 funeral director, nould be filed with may be retained by the haspital or ottending physicion.

D. FUNERAL D. TOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should not detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar ta burial, crematian, or removal, and in any event within 72 hours after death. TO FUNERAL DIF VS A15 (4) 15M 10/57

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BURKAU V, R.

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DECENAED

CERTIFICATE OF DEATH 8961 41 24 Be said ma 15-58 Colon Held Liminer - "KoZlen 1661 ald Hope

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 21 FOR STATE 35 AAItem 9 FilmG227 3-31-58 HEALTH' DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY WASHINGTON. D. C. COUNTY MARYLAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) and give nearest fown) One (1)5 days BETHESDA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 4700 Conn. ave., N.W. U.S. NAVAL HOSPITAL, NNMC, BETHESDA, MD. YES NOXX retained e State E death. 4. DATE Year DECEASED Malcolm Whitfield 19 58 (Type or print) CALLAHAN DEATH March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. moy t Months Hours MALE CAUC. WIDOWED | DIVORCED [SON 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Poge TENNESSEE UNITED STATES NAVY Naval Officer U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Perry C. Callahan Catherine HOWARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war ar dates of service) Official Navy Records WWl and WW-II Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchial Asthma -Pulmonary emphysema IMMEDIATE CAUSE (o) DUE TO Office Pulmonary arteriosclerosis -Fibrous pleurisy-Canditians, if any, which gove tise to immediate couse Fracture of left clavicle, left 3rd & left 7th ribs -DUE TO the word "pending" in Chief Medical Examiner 3 should be used as a bu (o), stoting the underlying couse lost with hematoma left clavicular region. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION Confluent extensive lobular pneumonia - Cerebral hemorrhage PERFORMED? edema - hypertention - cardiomagly 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) passenger in taxi which was struck by another car. Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, office bldg., etc.) While D.C. Street Washington at work of work 96 21. 1 certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry ... orded 1 opinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 3-16-58 At be ASSISTANT MEDICAL EXAMINER Frank J. BROSCHART, MD should FUNER NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BURIAL 3-19-58 VIRGINIA ARLINGTON NATIONAL ARLINGTON 40 23. FUNERAL DIRECTOR SIGNATURE PASSEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME 1756 Perm. Ave

8361-81 NWW

VS A15 (4) 15M 9/55

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filed with	1
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2501

03458

330			Reg. Dis	t. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		romery ive negrest town)
RURAL and give nearest town) Olney	5 days	56 Silver Spri		
d. NAME OF HOSPITAL (If not in hospital, give str		d. STREET ADDRESS	-146	e. IS RESIDENCE
or institution Montgomery County Genera		15811 Good	Hope Road	ON A FARM? YES NO X
3. NAME OF First DECEASED	Middle	Lost 4. DATE	Month	Day Year
(Type or print) Peyton	Enoch	Campbell DEATH	March	14 1958
5. SEX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH		YEAR IF UNDER 24 HRS
Male Negro WIDG	OWED DIVORCED	12.26.87	70 yrs. Months	Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12. CITI.	ZEN OF WHAT COUNT
Produce haller		Maryland	US	A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Robert Campbell	- 45-48-63	Mary Brown		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
		hospital records		
IB. CAUSE OF DEATH [Enter only one cause por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	er lingsor (o), (b), and (c).]	Hemmha	gr.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (o), stoting the under-	Appertenor	ni.		7
lying couse lost. (c)	ullio so	ellersus.		
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFE EITHER, NOTIFY MEDICAL EXAMINER	NS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?, YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pa	rt II of item 18.)	
Hour o. n. W	d. INJURY OCCURRED 20e. PL fo hile work at work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	y or town) (Co	ounty) (State
21. I certify that I attended the dece	eased from 3/3/	1955 to 3/14/	19 58 That I lo	ast saw the deceas
alive on 3// 3/	258, and that death	occurred at 8:25 pM, fro		
Dann i			Street, city or town, state)	DATE SIGN
SIGNATURE DIVIDE		MD Santy of	king !	n 13/14/
PHYSICIAN'S J. W. Bird. M.	. D., Sandy Spr	ing, Maryland		
120. BURIAL, CREMATION, 226. DATE THEREOF 3/17/58	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCA	TION (City, town, or county) negrille, Md.	(Stole)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Rookville, Ma.	24a. REC'D BY REGIS		MATURE

CERTIFICATE OF DEATH

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BECEINED

haurs after death.

O HOSPITAL FUNERAL 0

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTMONTGOMERY o. COUNTY o. STATE MARYLAND Marvland Montgomerv b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Damascus Damascus vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NAME OF First 4. DATE Middle Year Lost Month Day 1958 (Type or print) Nea.1 Carter DEATH March 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys DIVORCED X Ma.le WIDOWED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Montg. Laborer USA Co 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Albert Carter Lucy Utterback 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Yes 980 790 Mrs Joseph Trammel] None 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work . 1921 that I last saw the deceased 21. I certify that J attended the deceased from. and that death occurred at 1:30EM, from the causes and on the date stated above. ADDRESS (Street city or town, stote) DATE SIGNED SIGNATURE PHYSICIAN'S James Kerr Damascus NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington ona 23. FURERAL DIRECTOR'S SIGNATURE 24a. REGIDARY REGISTRAR 24b. REGISTRAR'S SIGNATURE Damascus. VS A15 (4) DATE 15M 9/55

CANADA HARMATAN TOTAL, ST. HARMAN

BUREAU V.

8961 87 BVV



VS A15 (4) 15M 9/55

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2000		1	20	2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3456 CERTIFICATE OF DEATH

Reg. Dist. No. () 346()

-												
1.	PLACE OF DEATH	Monton	reres	MARYLA	- 11	O. STATE MARYLAND	ere deceose	d lived. If instituti b. COUNTY		e before	odmissi	ion)
	b. CITY OR TOWN	(If outside corporate limi		c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If o	utside corno	rate limits write f	URAL and a	ive neare	est town	1
	RURAL ond give	nearest town)				7_		TOTAL TITLE	ONPIE ONG 8	ive neare		'
_		PARK		11 >	- /	TAKOMA PA	RK					
	OR INSTITUTION	ITAL (If not in hospital, g	e street	oddress)		d. STREET ADDRESS				e.	IS RESI	FARM?
	8015 BA	BRON STREE	ट्या			8015 BARR	ON ST	PERT	- 100		YES 🔲	NO [
	NAME OF DECEASED (Type or print)	CHARLES		EARL Middle		CASTLE	4. DATE OF DEATH	Mo	RCH	Day		reor 19 58
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	T 8.	DATE OF BIRTH	-11	9. AGE (In years	IF UNDER	TYEAR IF		
	M	CAUC	WIDOW		-	7 7 7000		lost birthday) 52 yrs.	Months	Doys	Hours	Min.
10c	. USUAL OCCUPAT			lead		1-3-1906 Y 11. BIRTHPLACE (Stole	or foreign c		12 CITI	7FN OF	WHAT	COUNTRY
	FOREMA'	rking life, even it refired	C	&P TELE	CO	Washingto	on, D.			ISA	WIIAI	CODIVIKI
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
	CHARLES	CASTLE			200	ANNIE BA	RKLE	Y				
15.	WAS DECEASED EV			SOCIAL SECURITY NO.	17. INF				ress	-		
(10	no, or poknown)	(If yes, give war or dates of s	2	77-01-2995	Mr	s. Charles	Cas	tle, 801	5 Barr	on S Md	t.,	
		EATH [Enter only one co	use per di	for (0), (b) and (c).	his	V It On	4000	6	18.00		VAL BE	DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, N	Engral 128C	11/2/	valatic Ju	TEOM	4		5	7/	16ml
	197.9	DUE TO		218	, 1	. 9	.,	P:1L				
	Conditions, if	any which)		1040 Ja	TLI	nia aun	a. 1	119/12		1/	1/2	12
	gove rise to	immediate (41 0			/			1//	11	,
	lying couse lost	the under-	1 0	70.70	ron	-				111	1/2	41
CATION	PART 11. O'	THER SIGNIFICANTICON	DITIONS	CONTRIBUTING TO DEATH	H BUT N	OT RELATED TO THE TERMIN	MAL DISEAS	4		61	PERFO	RMED?
	20a ACCIDENT VA	AS HISTORIUS TO	20h DEC	CDIBE HOW INJURY OCC	U 14	Enternature of injury in P	111111	function	(18881)	nekl	LES []	NO 🗗
CERTIF	OR CONTRIBUTION	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DE3	CRIBE HOW INJURY OCC	UKKED.	center noture of injury in P	or i or gar	ill or item 16.)				
MEDICAL	20c. TIME OF INJU				e. PLAC	E OF INJURY (Home, farm,	20f. (City	or town)	(C	ounty)		(Stote)
VED	Hour a. ji. p. m.		While of wor	k ot work	TOCIO	ry, street, office bldg., etc.	1					
~		1	_	Win.	5 5	517. 11	MANE	Will	<i>-</i>			
	/	hat attended the		ed from 19		, 195/, to	500	/.	2, that 11			
8	alive on	19/12/13	195	20, and that d	eath c	ccurred av 2 32		n the causes o		ie date	state	ed above
		Harman	-	(1. /W)	11	0'	ADDRESS (S	treet city or town	1961e)	Min	DA	TE SIGNED
	ACTUAL SIGNATURE	1/11/11/123	1.0	MINNIN	M.	501-19	Sou!	MANION	617/1	V/NI	49_	
	PHYSICIAN'S NAME (Type)	THOMAS F. Q	NATU	M. D.		84/	urs .	Sprin	9-1	MI		
220	BURIAL, CREMATI	ON, 276 DATE THEREC)F	22c. NAME OF CEMETE Ft. Lincoln	RY OR Cen	rematory netery	nd. loca Princ	TION (City, 10m),	or county)	Md.	(Stote	:)
23.	FUNERAL DIRECTO	R'S SIGNATURE	7	ADDRESS			D BY REGIST		STRAR'S SIG	NATURE		
-	sept Gre		C.17	56 Pa. Ave.	N.W.	DC DATE	AR 6	'58	26	- 1		

the design of the Court was

8261 9 AAM



FOR STATE

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is n execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be and the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, ar removal, and ip any event within 72 hours after death.

al director. Page director. Page director files.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 250 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3503 MEDICAL EXAMINER'S	S CERTIFICAT	E OF DEATH	Reg. Dist. No. 3461
1. PLACE OF DEATH O. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (WI	and b. COUNTY	on: Residence before odmission) Montg.
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown) Gaithersburg c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF or	outside corporote limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Johnsons Tavern. Emory Grove	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO NO T
3. NAME OF DECEASED (Type or print) Edward Chase	Lost	OF DEATH Mar. 1,	Doy Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B male col. WIDOWED DIVORCED	3/5/1908	lost hirthdow)	FUNDER TYEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) 1aborer	RY 11. BIRTHPLACE (Stote of Maryl		12. CITIZEN OF WHAT COUNTRY
Joseph Chase	14. MOTHER'S MAIDEN NA		
(Yes, no, or unknown) (If yes, give war or dates of service)	Police Reco	Address	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Shock			INTERVAL SETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a) stellar the mediate couse (b) Abdominal hemory	rhage		few min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN	N IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES NO
	between acc	cused & inter	nded victim
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE 9:30 p. m. 3/1/58 19 White of work of work at 15	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	Gaithersbu	rg Montg. Md.
21. I certify that I taak charge af the remains described abortopinion death resulted from: Natural causes , Accident		☑, Inspection ☐, amicide ☑, Undetern	Inquiry, and in my
EXAMINER'S - Broschart	_M.D. CHIEF MEDICAL EXA		DATE SIGNED
Prank J. Broschart 220. Burial Cremation. 22b. Date Thereof Burial (Specify) 3/4/58 Brooke Grov		AMINER (2) 22d. LOCATION (City, town, or Laytonsvill	
23. FUNBRAL DIRECTOR'S SIGNATURE ROCKVILLO, Md.	240 REC'D		RAR'S SIGNATURE

should be no wines octave a common a libraries victim N UABRUS CONTRACTOR METERS AND SERVICE CONTRACTOR OF THE SERVICE CONTR ECENA. .=0 , >7===

	3500	1		TE OF DEATH		1	Reg. Dist. N	0.	
o. COUNTY	ONTGOMI	ERY	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	ere deceased live	d. If institution b. COUNTY	1.4	fore admiss	
RURAL and give ne		write c. LENGTH O	F STAY IN 16	c. CITY OR TOWN (IF o			RAL and give n	earest town	
OR INSTITUTION	AL (If nat in haspital, give	street address)		A Rural -Ro					FARM?
Wattsbrai	nch Drive		Middle	Wattsbra	nch Dr				NO V
(Type or print)	e Mic	HOEL	LLOYD	CHRISTMAS	OF DEATH	MAR	CH	4	19 5 E
5. SEX	6. COLOR OR RACE 7.		MARRIED 1	B. DATE OF BIRTH	9. A		Months Doys		R 24 HRS Min.
Male 06. USUAL OCCUPATIO	N (Give kind of work don			TRY 11. BIRTHPLACE (State	or foreign country	*	12. CITIZEN	OF WHAT	COUNT
None	ing life, even if retired)	non		Marvl			US	3	
3. FATHER'S NAME		1011	. 6	14. MOTHER'S MAIDEN N			1 0,		
Walto	er Christm	125		Jane	Davis				
S. WAS DECEASED EVER	IN U. S. ARMED FORCES	S? 16. SOCIAL SECUE	RITY NO. 17. IN	FORMANT	Davis	Addres	35		
IYes, no, or unknown)	If yes, give wor or dates of service	None	YNJS	alter Chris	tmas	same	as 2d		
		- IN THE COLUMN			THE STATE OF THE S	- COLUMN			
18. CAUSE OF DEA' PART I. DEAT 1 9 3. 44 Conditions, if on		e per line for (o), (b),		ina left	iono	Toris	IN OF	TERVAL BENSET AND	DEATH
18. CAUSE OF DEA' PART I. DEAT 193.44	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ty, which DUE TO	per line for (a), (b), Hen		ma left	ches	Toris	INO	TERVAL BE NSET AND 3 M	TWEEN DEATH
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PART I. DEAT 193.44 Conditions, if or gove rise to in code (o), storing t lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ty, which (b) DUE TO (c) ER SIGNIFICANT CONDIT	Huro Henro TIONS CONTRIBUTING	ond (c).] blasto	ma left			01	7 M	DEATH
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18. CAUSE OF DEA' PART I. DEA' 193.4 Conditions, if an gove rise to in cove (a), storing to lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY). 20c. TIME OF INJURY Hour a. m. p. m. 21. I certify the alive an	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 1y, which he under ER SIGNIFICANT CONDIT S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER) (Month, Day, Year 19	TIONS CONTRIBUTING TO DESCRIBE HOW IN 20d. INJURY OCCUR While Not while of work of work eccased fram.	OND (c).] COLOR TO DEATH BUT N STO DEATH BUT N STO DEATH BUT N GOVERNMENT FILE FILE FILE OND TO DEATH BUT N TO DEATH	NOT RELATED TO THE TERMI CE OF INJURY (Home, form lary, street, affice bldg., etc., 1954, ta.)	Port I or Part II of	item 18.) own)	(County) that I last	19. WAS. PERFO YES 7)	AUTOPS' RMED? NO [(State deceased aba
18. CAUSE OF DEA' PART I. DEAT 1 93. 4 Conditions, if on gove rise to in code (o), stoting t lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY HOUR o. m. p. m. 21, I certify the alive an	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO To, which the under. ER SIGNIFICANT CONDIT S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER) (Month, Day, Year 19 at I attended the death	TIONS CONTRIBUTING TO DESCRIBE HOW IN 20d. INJURY OCCUR While Not while of work of work eccased fram.	OND (c).] COLOR TO DEATH BUT N STO DEATH BUT N STO DEATH BUT N GOVERNMENT FILE FILE FILE OND TO DEATH BUT N TO DEATH	NOT RELATED TO THE TERMI (Enter nature of injury in farm tory, street, affice bldg., etc. 1954, talk occurred at 424 F	20f. (City or to	item 18.) , 1958. e causes an city ar town, str	(County) (that I last d on the date)	19. WAS PERFOYES 19. WAS PERFO	AUTOPS' RMED? NO [(State deceased aba
18. CAUSE OF DEA' PART I. DEAT 193. 44 Conditions, if on gove rise to in code (o), storing the lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY of the live of the	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO To, which the under ER SIGNIFICANT CONDIT S UNDERLYING 20 C AUSE OF DEATH MEDICAL EXAMINER Month, Day, Year 19 at I attended the death of the under W. G. H.	TIONS CONTRIBUTING TOOLS	OF CEMETERY OR	NOT RELATED TO THE TERMI CE OF INJURY (Home, form ory, street, office bldg., etc. 1959, tall occurred at 157	20f. (City or to	item 18.) own) e causes an city or town, structure of town, structure of town, structure of town, or city, town, or	(County)	19. WAS PERFOYES 1	AUTOPSI RMED? NO Control of the cont
18. CAUSE OF DEA' PART I. DEAT 1 93. 4 Conditions, if or gove rise to in gove rise to in gove rise to in living couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO To, which he under ER SIGNIFICANT CONDIT S UNDERLYING [20 20 20 20 20 20 20 20 20 20 20 20 20	TIONS CONTRIBUTING TOOLS	TO DEATH BUT N BY TO DEATH BUT	NOT RELATED TO THE TERMI CE OF INJURY (Home, form lary, street, office bldg., etc., 1957, ta.M., a.D. 415 W. N. CREMATORY	20f. (City or to	item 18.) 2., 1958., e causes an city or town, structure. 2. City, town, or ock vil	(County)	19. WAS. PERFOYES To the saw the ate state (State aryle	AUTOPS' RMED? NO [(State decease daba ATE SIGN ATE SIGN (Company)

the funeral director, Poge 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. may be retained by the hospital or attending physicion.

TO FUNERAL DISECTIOR: After this certificate has been signed by the ottending physicion and completely filled in b page 3 shault detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registror prior to burial, cremation, or remaval, and in any event within 2 hours ofter death. TO HOSPITAL OR VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH SALTIMORE 18

BUREAU V. E.

SEEL L MAN!

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3457

CERTIFICATE OF DEATH

03463

					Reg. Dist.	No.			
o. COUNTY Monteome:	nv	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If b. Co	institution: Residence OUNTYMONTS	befare admission) omery			
b. CITY OR TOWN (If outside corpo RURAL and give nearest town)		NGTH OF STAY IN 16	0	outside corporate limits,					
Takoma Park			Silver Sp	ring 56					
d. NAME OF HOSPITAL (If not in he OR INSTITUTION Washington San			d. STREET ADDRESS	glas Aven	ue	e. IS RESIDENCE ON A FARM? YES NO			
B. NAME OF	First	Middle							
DECEASED (Type ar print)	Nicholas	Z	Chumas	4, DATE OF DEATH	March	28 19 58			
. SEX 6. COLOR OI	R RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Ir	A A A	YEAR IF UNDER 24 HRS.			
male whi	te WIDOWED	DIVORCED [4/15/1888	69	yrs. Manths De	ays Hours Min.			
a. USUAL OCCUPATION (Give kind of during most af working life, even in	of work done 10b. KIND (if retired)	OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	or foreign country)		EN OF WHAT COUNTRY?			
Retired - Cle:	rk		Greece		U.	S.A.			
			14. MOTHER'S MAIDEN	NAME					
Zinon Chumas	ico conceso la con		Mary -						
5. WAS DECEASED EVER IN U. S. ARM Yes, no. or unknown) (If yes, give wor or	AED FORCES? 16. SOCIAL dates of service)	L SECURITY NO. 17.	INFORMANT		Address				
	578-	30-1609	Hospital R	ecords -T.	akoma Pa:	rk, Md.			
18. CAUSE OF DEATH [Enter only		a), (b), and (c).]	/			INTERVAL BETWEEN			
PART I. DEATH WAS CAUS	ED BY: AUSE (a)	bral her	workage			ONSET AND DEATH			
331X	DUE TO /	1	1 61	1	1 0	2312			
Conditions, if any, which	"Hyper	ensure + av	knoselevere (ele brovas	certa deser	of Media			
gave rise to immediate	DUE TO					70007			
lying cause last.	•								
	(c) NT CONDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	MNAL DISEASE CONDITION	ON GIVEN IN PART 1	(a) 19 WAS AUTOPSY			
PART 11. OTHER SIGNIFICAL COLUMN JOHER SIGNIFICAL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF ILE THER, NOTIFY MEDICAL EXAM	al faitu	re F Co	un loxo a	meria		PERFORMED?			
20g. ACCIDENT WAS LINDER VING	GT 205 DESCRIBE H	IOW INTURY OCCUPRI	ED/(Enter nature of injury in	Part I or Part II of item	18.1	YES NO			
	DEATH	OTT HOURT OCCURR	ter terror nations of injury in	run i or run ii or nem	10.1				
20c. TIME OF INJURY Month, D Hour a.m.	Day, Year 20d. INJURY (LACE OF INJURY (Hame, far actory, street, affice bldg., et	m, 20f. (City or tawn)	(Cau	enty) (State)			
p. m.		t wark							
21. I certify that I attende	21. I certify that I attended the deceased fram 3-26, 1958, to 3-28, 1958 that I last saw the deceased								
alive an 3-28	1 1958	_, and that deat	occurred at 9:2			date stated abave			
		_,	0	ADDRESS (Street, city or		DATE SIGNED			
ACTUAL FORM	Heren		" AZIKON	Lin Dino		3-28.58			
SIGNATURE 40/100	1		M.D. STOLANT	nung muck					
PHYSICIAN'S JASON	1 GEIGE	K, MiD	Silves	Spring, C	w.				
22a. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF 22c. I	NAME OF CEMETERY	OR CREMATORY	224. LOCATION (City,	town, or county)	(State)			
Burial 3/3	1/58 G1	enwood Co	emetery	Washingt	on, D. C	• 15 = 1			
3. FUNERAL DIRECTOR'S SIGNATURE		DDRESS	240. REC	D BY REGISTRAR 24E	REGISTRAR'S SIGN	ATURE			
The S. H. Hin	es Co. Was	hington,	D. C. DATE	MAR 3 1 '58	allfean	ek			
				111 11	M.A. III				

the funeral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.: Page 4 ond in TO FUNERAL DISECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shaul detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 catheregistrar priar to burial, crematian, ar remaval, and in any event within 72 hayrs after death. VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatived by the hospital or offending physician.	FUNERAL PORCTOR: After this certificate has been signed by the attending physician and completely filled in the the funeral directory	sage 3 show a detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with	he consistency with the property of the contract of the contract within 70 hours after danch
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3515 **CERTIFICATE OF DEATH**

Reg. Dist. No. 03464

		-					MAR. DIS	1. 140, 1 . 6	Y CAT
1. PLACE OF DEA a. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE (W Q. STATE Virginia	here decease	b. COUNTY	n: Residence	e before adm	ission)
b. CITY OR TO	WN (If outside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corp	orote limits, write RL	JRAL and g	ive nearest to	wn) V
Betheso			67 days	Arlington		\$2	X -3		
	HOSPITAL (If not in hospital,	ive street		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
	inical Center,	Beth	nesda 14, Md.	5000 Willi	amsbu	rg Bouleva	ard		NO X
3. NAME OF	Fi	st	Middle	Lost	4. DATE	Mont	h	Day	Yeor
(Type or print)	An	a	Jacque	Clark	OF DEATH	Mai	rch	22	1958
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH				YEAR IF UN	
Female	White	WIDOWI	DIVORCED	August 24, 1	.906	lost, birthdoy) 51 yrs.	Months	Doys Hour	Min,
100. USUAL OCCI	UPATION (Give kind of work of working life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign	country)	12. CITI	ZEN OF WH	AT COUNTRY
Adminis	strative Super	viso	r-Public Utili	ty Kentucky			12.	U.S.	A.
13. FATHER'S NAM				14. MOTHER'S MAIDEN	NAME				
Willian	n W. Culbertso	n		Fannie K	eel				
15. WAS DECEASE	EDEVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT The Med	ical I	Record Addr	233		
No	jir yes, give war ar dates of t	Ganifel	ascertainable	The Clinical				. Mary	land
18. CAUSE C	OF DEATH [Enter only one co	use per li	ne for (o), (b), and (c).]					INTERVAL	BETWEEN
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ade	nocarcinoma of	the right br	east	with		ONSET AN	T DEATH
170	X DUE TO		astases to abd	lominal and th	oraci	c organs.			
Conditions	, if ony, which)	Bila	ateral pleural	effusion				7 3 W	eeks
	to immediate DUE TO								
lying couse	lost.	Ate	lectasis, left	lung					
O PART I	II. OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIVE	EN IN PART		S AUTOPSY FORMED?
CAT									X NO
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Port I or Po	rt II of item 18.)			
Hour .	INJURY Month, Day, Yea. m. 19	While		LACE OF INJURY (Home, farr actary, street, office bldg., etc		y ar town)	(C	ounty)	(Stote)
21. I certi	fy that I attended the	deceas	ed from January	11, 1958, to M	larch '	22 1958	that I l	ast saw th	e decease
alive on_			58 , and that deat						
		-			ADDRESS (S	Street, city or town,			DATE SIGNED
ACTUAL SIGNATURE_	Elevant (w.	maire	M.D. The Clini					-23-58
PHYSICIAN'S			W D			tutes of	Health	1	
NAME (Type)	Edward W.	Moore	3, M. D.	Bethesda	14, Ma	aryland			
220. BURIAL, CREA	MATION, 226. DATE THEREC)F	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town, a	r county)	(51	ote)
Burial	Rem. 3/27/58	}	Bagdad Cen		Ba	odad		entuck	Y
	ector's signature on Funeral Hom	e.	3901 North Fai		D BY REGIS		TRAK'S SIG	NATURE	
Ma	e 11 Mm	40	Arlington 3. V		MAR 2 6	58	- ROL	MUN.	

CERTIFICATE OF DEATH

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BUREAU V. E.

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al director. Page decour files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the word "pending" in pencil in Hem. 18. Give Pages 1, 2, and 3 to the funeral 4 should be provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL LUCTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3

03465 Reg. Dist. No.

		LACE OF DEATH				12		E (Where dece	osed lived. If institu		ce before o	odmissian)
			Montgome:	ry	MARYLA	IND	o. STATE	MUSIKA	Virginian			
	Ь	. CITY OR TOWN (III of and give negret lown)	utside carporate limits, write I	RURAL	LENGTH OF STAY IN	16	c. CITY OR TOWN	I (If outside co	rporote limits, write	RURAL and E	jive neares	I fown)
1	Be	Bethesda (Rural) 11 Days					Wachapre	eague		83 X-	3	
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRES	S			e.	S RESIDENCE
	-		Hospital,	Bethes	da, Md.							NO X
	3, 1	NAME OF DECEASED	First		Middle		Lost	4. DATE	Month	1	Day	Year
	(Type or print)	Henr	У	Woodward		COBB	DEATH	T-But O	h	24	1958
	5. S	EX	6. COLOR OR RACE	- MARRIED	NEVER MARRIED	□ 8. D.	ATE OF BIRTH		9. AGE (In years lost birthday)	Months Do		NDER 24 HRS.
	Ma	ale	White	WIDOWED [DIVORCED	1	1 Aug. 18	77	80 yrs.	Months	oys Hou	ors Min.
1	10o.	. USUAL OCCUPATION	(Give kind of work do	ne 10b. KIN	D OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (SI	tate or foreign	country)	12. CITIZE	EN OF WH	HAT COUNTRY?
		ariner	me, even il tented;	U.S.	Coast Gua:	rd (Retired)	Virg	inia		U.S	
1	13.	FATHER'S NAME			143 75 9	1.	. MOTHER'S MAIDE	N NAME				
	T	Warren D. (lobb				Emily Sus	an Robe	rts			
	15.	WAS DECEASED EVE	IN U. S. ARMED FORCE		CIAL SECURITY NO.	17. INFO	RMANT		Address			
		res	If yes, give war or dates of se WW - I	-	known	(Wi	fe) Sadie	P. COF	BB (Same A	s #2)		
			H Enter only one couse			111 44	20, 50020	2 0 0 0 2		- 11 - 1	INTERVAL D	ETWEEN
		PART I. DEATH	WAS CAUSED BY:		rdiac Arre	st					Sud	den
		450.0	MMEDIATE CAUSE (6)									
		Electric Shock Therapy										
		gove rise to immediate couse										
		(a), stating the vi										
	7	cause last.	(c) ER SIGNIFICANT COND	ITIONIS CONT	TRIBUTING TO DEATH	BUT NO	BELATED TO THE TE	PANNAI DICE A	SE CONDITION CIV	CALIAL DADT	1(a) 10 W	AC AHTODOV
7	10					801 1401	KEENIED TO THE TE	. KANINAL DISLA	SE CONDITION ON	EN IN LAKI	PE	REORMED?
(2		eneralized			FD 45 4					YES	NO 🗌
	CERTIFICATION	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING \$	DESCRIBE H	IOW INJURY OCCURR	ED. (Enre	r noture of injury in	Port I or Port	If of Hem 18.)			
	MEDICAL	20c. TIME OF INJUR	Month, Doy, Year	20d. INJ	URY OCCURRED 20e.		OF INJURY (Home, I		ty or town)	(Count		(State)
	AEDI	Hour a.m. p.m.	19	While of work	Not while	ractory	street, office bldg.,	erc.)			1 pe	24
	~		at I taak charge	of the rer		above	, held an Auto	psy X,	Inspection [],	Inquiry		and in my
		opinion death	esulted from: N	atural car	uses 🖾 . Accide	ent 🗀	Suicide .	Homicid	e . Undete	rmined m	anner [7
						- Inches	Record *					
		ACTUAL SIGNATURE	2000	300	chart		A.D. CHIEF MEDICA	L EXAMINER			DA	TE SIGNEO
6		310NATORE	rung ,	7000			ASSISTANT ME	DICAL EXAMIN	IER 🗍		9× 1	
		EXAMINER'S NAME (Type) FT	ank J. Bros	chart.	MD		DEPUTY MEDIC	AL EXAMINER	23	45	3-	24-58
	220	BURIAL, CREMATION	1. 22b. DATE THEREOF		c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOC	ATION (City, town,	or county)	(Stole)
	1	REMOVAL (Specify)	3-28-58	P	rivate Ceme	eter	У	Acc	amck, Vir	ginia		
	23.	FUNERAL DIRECTOR	7	2.	ADDRESS		V	EC'D BY REGI	STRAR 24b. REGIS	STRAR'S SIGN	ATURE	
	T	Fox Funeral	Home Rac	tville	, Virginia		DATE	AR 2 6 '5	a Poel	esuel		
	-	OV T. MICT W.	L LICHE 9 LICES	01220	7		N.	AR Z U 3				

WEDICAT EXPONENCE OF HEATH OF HEATH OF BENDER

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VS A15 (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3458 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

113466

	0.400	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY montgomery	MARYLAND	2. USUAL RESIDENCE (Who	b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN IF ou	stside corporole limits, write RUI	
	RURAL and give nearest towns	3 days	56 200000	popocogooxopapx S	ilver Spring
	d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION	idress)	d. STREET ADDRESS	~ ~ ~	IS RESIDENCE ON A FARM?
	Washington Danitarium	v Hospital	9112 2nd A	yenue ANDEXXX	YES NO
	3. NAME OF DECEASED (Type or print) ELIZABE	TH Warden	COLLOSTE	4. DATE Month OF DEATH March	1
	5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		B. DATE OF BIRTH 4-7-19.		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	IND OF BUSINESS OR INDUS	- 11	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	THOME	14 MOTHER'S MAIDEN N	nc.	Hmerica
1	John Warden		Rosina	mª Bride	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC [Yes, no or uphnown] [If yes, give war or dates of service]	OCIAL SECURITY NO. 17. IN	hart	Addres	35
	18. CAUSE OF DEATH [Enler only one couse per line	for (o), (b), and (c).]	0 0 1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	therest	I heard der	une 1 BBI	3 ONSET AND DEATH
	420.0 DUE TO (St	I must			
1	Conditions, if ony, which	How Or who	not mouster	1	ldr
-1	gave rise to immediate couse (a), stating the under	a duke	-	000	- 0
	lying couse tost. (c)	hrotaly to	achzendes	ms,	1dz
	PART II. OTHER SIGNIFICANT CONDITIONS CO	NERICUTING TO WEATH BUT	NOT LES TED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	N IN PART I(o) 19. WAS AUTOPSY PERPORMED? YES NO T
	PART II. OTHER SIGNIFICANT CONDITIONS CO 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH URLD (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIBE HOW INJURY OCCURRED). (Enter nature of injury in Po	ort I or Port II of item 18.)	
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJ	URY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 While of work [tory, street, office bldg., etc.)	d	
	21. I certify that I attended the deceased	from DV	3/ , 19 5 G to C	1930	that I last saw the deceased
Н	alive on 3/8 /, 195	, and that death	occurred of 10 G.	M, from the couses an	d on the date stated above.
	GA 123/11			DDRESS (Street, city or town, #1	
	SIGNATURE TO NOTE THE		A.D. 310	Whenvord of	3/18/5
	PHYSICIAN'S Chas H. WoL	Notto.	His	h L	
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or	county) (Stote)
	BURIAL 3/21/58	ROCK CREEK CE	METERY	WASHINGTON,	D.C.
+	23. FUNERAL DIRECTOR'S SIGNATURE	8434 La. Ave	Spring and Bee'd	BY REGISTRAR AB. REGIST	RAR'S SIGNATURE
- 6					

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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	

35 97 CERTIFICATE OF DEATH

Reg. Dist. No. () 3467

1. PLACE OF DEATH o. COUNTY Montgomer	PV.		MARYLA	11	usual Reside	NCE (Where	deceased liv	ved. If institution b. COUNTY	on: Residence	befare adm	nission)	
	If outside corporate limit	, write	c. LENGTH OF STAY IN	116		WN (If outsi	ide corporote	e limits, write R	URAL ond gi	ve nearest to	iwn)	
Bethesda	neorest town;		5 days		Strongsville 72 x 3							
d. NAME OF HOSPI	TAL (If nat in haspital, gi	ve street			d. STREET ADDRESS e. IS RESIDENCE							
OR INSTITUTION The Clini	ical Center.	Ret	hesda 1). M	d.	17274 Whitney Road ON A FARM? YES NO TO							
3. NAME OF	Firs		Middle		Lost		DATE	Mon	AL.		Yeor	
(Type or print)	Lowe		Keith			an Jr	OF	March	- 1	Day	40	
5. SEX			RIED NEVER MARRIED		DATE OF BIRTH	211,011		AGE (In years		YEAR IF UN		
		WIDOWI			Derember	7 7	.957	last birthday)		Deys Hou		
Male	***********		KIND OF BUSINESS OR					J yrs.	12 CITIZ	EN OF WH	AT COUNTRY?	
during most of wor	king life, even if retired)	une 100.		HADOSIKI			ioreign coun	117)			AI COUNTRY	
None			None			ginia				.S.A.		
13. FATHER'S NAME					4. MOTHER'S A		-					
	eith Coleman					dra Ri						
Yes, no. or unknown)	ER IN U. S. ARMED FORCE Iff yes, give wor or dates of set	ES? 16.			RMANT The							
No			None	The	e Clinic	cal Ce	nter,	Bethes	da 14,	Mary.	land	
18. CAUSE OF DE	ATH [Enter only one cou	se per li	ne for (o), (b), and (c).]							INTERVAL	BETWEEN	
PART 1. DE	PART 1. DEATH WAS CAUSED BY: Cardiac Arrest 5 minutes											
75111	7.5 // P DUE TO											
Conditions if	Condition if any which)											
gove rise to	gove rise to immediate DUE TO a. patent ductus arteriosus											
lying couse lost.	rne under-		anddal bann	+ 44.						1		
	10 dought bat treat & disease with the coal coapion of act of											
OF HOLE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?								FORMED?			
S 477X	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)											
OR CONTRIBUTING	CAUSE OF DEATH	LOD. DES	CRIBE HOW INSURT OCC	LUKKED. (E	enter nature of	injury in rori	i i or ram ii	or item is.j				
	RY Month, Day, Year	20d. II	NJURY OCCUPRED 20	Oe. PLACE	OF INJURY (He	ome, form,	20f. (City or	town)	(Co	ounty)	(Stote)	
Haur a.m.	19	While of wor	Not while	toctary	r, street, office b	oldg., etc.)						
			35	h 0	E8	Mon	ab 71.	۲0				
	hat I attended the				, 1930 ,	to Mail	GII TII	1958	,that I lo	ist saw th	e deceased	
alive on Mer	Cu 14	, 125	8, and that d	leath oc	curred at					e date sta		
ACTUAL	731)							t, city or town,	stote)		DATE SIGNED	
SIGNATURE	- IONN R	. (and a	M.D		Clini				irch 1	4, 1956	
PHYSICIAN'S					Nat:	ional	Instit	tutes of	f Heal	th		
NAME (Type)	John R. Gil	1, M	1.D.		Betl	nesda	11. Ma	aryland				
220. BURIAL, CREMATIC REMOVAL (Specify) Urial-tra		-58	22c. NAME OF CEMETE Woodvale	m m		22	d. LOCATIO	N (City, town, o			tate)	
23. FUNERAL DIRECTOR			ADDRESS			4a. REC'D B	Y REGISTRAI	R 24b. REGIS	STRAR'S SIGN	NATURE		
OBERT A.	PUMPHREY		Bethesda,	Md .		MAR1 8		aux	eauch			
90000	IXVV											

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OF BROWN LAB - DEBUSE TO TVENDED BY A SECRETARY OF ALYSIAM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 3508 directo I, PLACE OF DEATH o. COUNTY filed b. COUNTY MARYLAND 132 CITY OR TOWN (If outside/corporate limits, write RURAL and give nearest lewn) LENGTH OF STAY IN 16 be NAME OF HOSPITAL UP not in hospital, give street address) d. STREET ADDRESS NAME OF DECEASED 3. Middle 4. DATE Month OF DEATH (Type or print) S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) death. DIVORCED [WIDOWED A 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 JUNTHPLACE (Stote or foreign country) during most of working life, even if retired) ion and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO by ony Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART II. OTHER-STENIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED Hour o. m. foctory, street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased fram, and that death accurred at CTOR: ADDRESS (Street, city ACTUAL PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 240. REC'D BY REGISTRAR 246 DEGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/S5

03468

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) . IS RESIDENCE YES NO Yeor IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN PERFORMED? YES NO (County) (State) 1924, that I last saw the deceased DM, from the causes and an the date stated above. 22d. LOCATION (City, town, or county)

MARYLAND STATE DEPARTMENT OF HEALTH—HALTIMORE, 18

CERTIFICATE OF DEATH

MANUEL MANUEL

BUREAU V. S.

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of 200 no land Kone House

*		348.	CERTIFIC	ATE OF DEAT	Н		Reg. Di	ist. No.		3469
a. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE (W. o. STATE		lived. If instituti b. COUNTY	an: Resider	nce befor	re admiss	ion)
b. CITY OR TOWN (RURAL ond give of Rockvil.	If outside corporate lime earest tawn) LB	its, write	c. LENGTH OF STAY IN 16		outside carpore	ate limits, write R	URAL ond	give nec	irest tawr	n) 🧃
OR INSTITUTION	TAL (If not in hospitol, gonal Manor	All land		d. STREET ADDRESS 514 19th	St.,N.	W.				SIDENCE A FARM2 NO
3. NAME OF DECEASED (Type or print)	Fit	eresa	Middle M.	COONEY	4. DATE OF DEATH	MARCH		Da	•	Year 19 58
Female	6. COLOR OR RACE White	7. MARR	Separated Divorced	8. DATE OF BIRTH 12/31/1878		AGE (In years last by hday) yrs.	Manths	Days	IF UNDI Hours	ER 24 HRS Min.
Oo. USUAL OCCUPATION Adjusted to the control of the	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stote Milwaukee				TIZEN O	F WHAT	COUNTR
3. FATHER'S NAME Will:	iam Cooney			14. MOTHER'S MAIDEN Bri	NAME dget Re	eilly				
S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s			INFORMANT Mrs. Betty Duf	fy, 320	1 19th	St.,	N.W.	, D.	C.
Candilions, if a gave rise to it couse (a), staling lying cause last.	mmediate (He	neraleza	d arter	rose	leros	es.		50	us
PART II. OT	HER SIGNIFICANT CON	iditions <u>c</u>	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	NINAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 1	PERFO	AUTOPSY DRMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enler noture of injury in	Part I or Part	II of item 1B.)				
20c. TIME OF INJUI Hour a. p. p. m.	RY Manth, Day, Ye 19	While	NJURY OCCURRED 20e. Not while ot work	PLACE OF INJURY (Home, for factory, street, office bldg., et	m, 20f. (City o	or tawn)	(County)		(Stote
21. I certify that I attended the deceased from August 1956, to May O, 1958, that I last saw the deceased alive an May I, 1956, and that death accurred at a PAM, from the causes and on the date stated above ADDRESS (Street, city or torn, note) ACTUAL SIGNATURE TABLESS OF THE SIGNED ACTUAL SIGNATURE TO S										
PHYSICIAN'S FINAME (Type)	RANCIS	P	HANNAN	ND Ita	she	rator	6	S	le	5 .
20. BURIAL, CREMATIC	3/22/58)F	Calvary Come		22d. LOCATI	qui (City, town, aukee, W	isco	nsin	(Stat	e)
3. FUNERAL DIRECTOR	'S SIGNATURE	0	ADDRESS	NU V 240 PEC	D BY REGISTR	AR 24b. REGI	TPAP'S SI	GNATUE	PE .	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 TO FUNERAL DISECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should a detached for use as the buriof-transit permit. Then please remove carban papers. Pages 1 and pould be filed with the registrar prior to buriof, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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SUREAU V.			Steeling Manager	a silifa Distribution of Aller F.	All ye wiles

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HOSPITAL

Ma 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME awson Illiam OW d 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO TY 6 Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary Artery Heart Disease IMMEDIATE CAUSE (o) 420.1 DUE TO Hypertensive Arteriosclerotic H.D. Conditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying cause last. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m While Nat while at work ot work 21. I certify that I attended the deceased from Och 1952. to 58 alive on March ACTUAL PHYSICIAN'S Wayne Glickfield, M. D. 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) George Washington Prince Runial 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE The S. H. Hines Co. Washington, D. C. DATE MAR 2 8 '58

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Mont gomery b. COUNTY MARYLAND Prince c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside agrporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn akoma d d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 5 Washing YES NOTE NAME OF Middle 4. DATE Last Month Day Year 3 (Type or print) DEATH 1950 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED M DIVORCED yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Canada Address INTERVAL BETWEEN ONSET AND DEATH weeks PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X (County) (State) March 26, 1958, that I last saw the deceosed and that death occurred at 5 15 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 6826 Riggs Road Hyattsville, Md. 22d. LOCATION (City, town, or county) (State) Georges Co. Md

SEST OF HAM

BUREAU V. S.

TO THE SOUTH OF SECTION SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs offer death. Page 4

may be retained by the hospital or ottending physician.

TO FUNERAL PLACETOR: After this certificate has been signed by the ottending physician and completely filled in two page 3 shaw the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registror prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

35 19

CERTIFICATE OF DEATH

Reg. Dist. No. (13471

33 8					Mag. Dist.	. 140.		
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WH	here decease	d lived. If instituti	on: Residence	before odm	ission)	
Montgomery	MARYLAND	Maryland			gomer	V		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TOWN (IF o	outside corpo	rote limits, write R	URAL and giv	re nearest to	vn)	
Bethesda		X Bethes	da					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		a .		ON	A FARM?	
4714 Chestnut Street		1 4714 Ches	tnut	Street		TES	□ NO □K	
3. NAME OF DECEASED (Type or print) MARCARET G.	Widdle CRA(Cost Cost	4. DATE OF DEATH	March		Doy 1958	Year	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER A		B. DATE OF BIRTH	1	9. AGE (In years		YEAR IF UN		
	ORCED	Feb. 11, 1	1903	lost birthdoy) 55 yrs.	Months D	ayso Hour	Min.	
10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSIN	ESS OR INDU		or foreign c	ountry)	12. CITIZ	EN OF WHA	T COUNTRY	
Housewife Own Hom		Pennsyl	Lvani		US	SA		
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME					
Alfred Hunter			raret	Buchhe	it			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	TY NO. 17. 1	INFORMANT		Add	ress	1.0		
(Yes, no. or unknown) (If yes, give war or dates of service) 578-20-3	3285 A	rthur E. Cr	ago-]	tem # 2	2			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), or	nd (c).]		7, 145.			INTERVAL		
PART I. DEATH WAS CAUSED BY: Bronchopn		ONSET AN	D DEATH					
1/3/4/		1 60	3 -					
DUE TO Carcinoma		3 mc	3 months					
Conditions, it any, which	,	202200000			N Hard	0 1110	O monons	
gove rise to immediate Couse (o), stoting the under-								
lying couse lost. (c) Carcinoma	of Liv	ver				1 year		
	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	FN IN PART 1	1(o) 19. WAS	AUTOPSY	
491×						PERF	ORMED?	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRE	D. (Enter noture of injury in I	Port i or Par	t II of item 1B.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour a. m. 19 While Not while of work of work of work		ACE OF INJURY (Home, form clory, street, office bldg., etc.	n, 20f. (City	or town)	(Co	unly)	(Stote)	
21. I certify that I attended the deceased from Au	gust 7	1051 -Man	rch 10	1058	,that I la	a	. d	
alive on March 9, 1958, and	that death	accurred at 1:10						
1 , 00, 0			ADDRESS (S	treet, city or town,	stole)		DATE SIGNI	
SIGNATURE CONTY - Ungle		M.D. 5009 De	l Lau	an B	thene	de he	0 3/1	
					o are the all section as all section			
PHYSICIAN'S Robert G. Angle - 50	009 De	elRay Ave.,	Bethe	sda, Md.				
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town,	or county)	(51	ate)	
REMOVAL (Specify) 3/12/58			Arl	ington.	TT			
Burial 3/12/58 Arlin	gton	Nationa 140. REC'	D BY REGIS	RAR 24b. REGI	STRAR'S SIE	Ama	-	
o. To tente pinceron o stortillone			IAD 1 2	'58	7 3 3101	The Marie		
Robert A. Pumphrey-Bethesda	, IVIQ .	DATE	WAL 1 -	Ul	Alca	wh		

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BUREAU X. A.

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CERTIFICATE OF DEATH

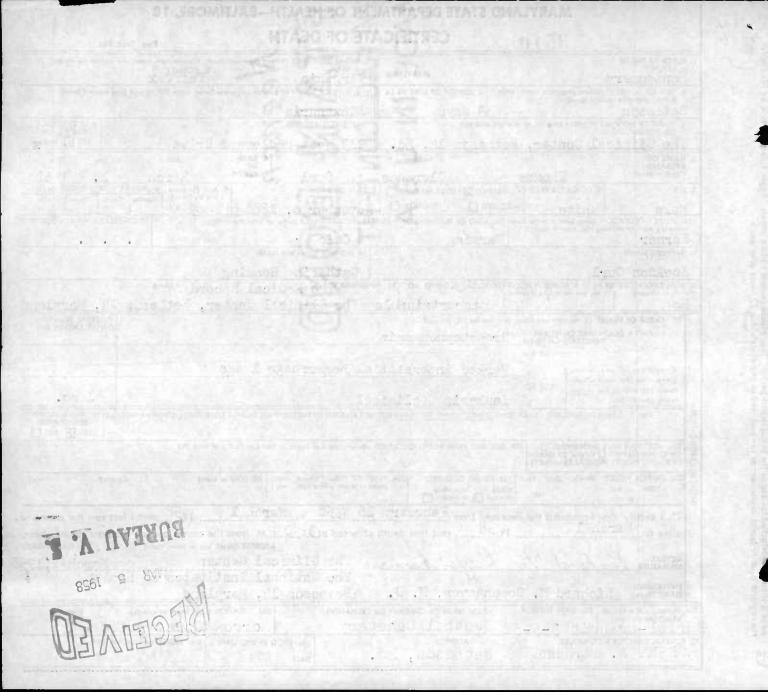
03472 Reg. Dist. No.

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10	this	0 20	rem	
by the haspitol or attending physicion.	CTOR: After this certificate has been signed by the attending physician and completely filled in the table funeral director.	detached for use as the burial-transit permit. Then please remare carban papers. Pages 1 and abould be filled with	or ta burial, crematian, or removal, and in any even within 72 hours after death.	
e n	K: A	ache	ourie	
7	10	deto	to	
Q	5	to	5	

is that the death certificate be executed within 24 hours ofter death. Page 4

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ed	Sign.	poge 3 should detached for use as the burial-transit per	g	
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VS	TO FUNERAL DIP CTOR: After this certificate has been signed	(4)		
13	M II	1/3/		

		351	0	CERT	IFIC	ATE OF DEATH	Н		Reg. Di	st. No.	110	X # 14	
1.	PLACE OF DEATH o. COUNTY Montgomery			MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Virginia Fairiax						ion)	
		f outside corporate lim	its, write	c. LENGTH OF STATE	r IN 1b		outside corpo	prote limits, write RURAL and give nearest town)					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital,		oddress)	Md.	d. STREET ADDRESS 213 West Bo	11] 0400	d Duisso				DENCE FARM?	
3.	NAME OF DECEASED (Type or print)		rst	Middle	e	Lost Curl	4. DATE OF DEATH	Moni Mar		Doy	y \	rear 19 58	
5.	sex Male			NEVER MARR	IED 🗌	B. DATE OF BIRTH November 6.	1888	9. AGE (In years last birthdoy) 69 yrs.	Months	1 YEAR Days			
	o. USUAL OCCUPATION during most of work	ON (Give kind af work ting life, even if retired	1)	KIND OF BUSINESS	OR INDU	Ohio	ar foreign co	ountry)	1	S.		COUNTRY	
	Sheldon Cu					Catherine	Bendin						
(Y		R IN U. S. ARMED FOI (If yes, give wor or dates of	service)	social security No Inascertain		e The Clinic				14,	Mar	yland	
	204, 4 Conditions, if or gove rise to it cause (o), stoting lying cause lost.	the <u>under-</u>	Mai	ıkemia (c	stit lini	ial hemorrhag					1 mo		
CERTIFICATION	491X	11三二月				T NOT RELATED TO THE TERM			EN IN PAR	T 1(o) 1	PERFO		
MEDICAL CERTI	20c. TIME OF INJUR Hour o. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye	ar 20d. II	NJURY OCCURRED Nat while	20e. Pl	ED. (Enter nature of injury in LACE OF INJURY (Home, form loctory, street, office bldg., etc.	n. 120f. (City		(0	County)		(State)	
ME	actual SIGNATURE R	ot lattended the	deceas , 19 5	Openha	t death	M.D. The Clinic The Nation	adoress (second In	n the causes a	nd an tl	he dat	e state DA	deceased above	
Bu	REMOVAL (Specify)	n, 226. DATE THEREO	-58	Bethel (etery	Morre		ty,	Ohi		•}	
	OBERT A.	PUMPHRE!	Y]	Bethesda	, Md		MAR 5	RAR 246. REGIS	TRAR'S, SIC	SNATUR	E		



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY O. STATE b. COUNTY armeri MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ar d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS direct antarium 510 Windham NAME OF DATE funeral DECEASED (Type or print) DEATH eese 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR 2 with the Months WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) pup · Fmblouse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Marie N. Davies 00 Lane. Silver Sprin 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ormore IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY SD 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) writing the w factory, street, office bldg., etc.) While Not while a. m of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 2, Inquiry , and find that the Chief death resulted from: Notural couses XI, Accident . Suicide , Undetermined couse . Homicide . Chi MEDICAL **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER forwarded FUNERA Man 30, 1958 DEPUTY EXAMINER'S SLOSCHZAK DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county)
ARLINGTON, VIRGINIA 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY ARLINGTON NAT'L. CEMETERY 0 **ADDRESS** FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 240. REC'DIBY REGISTRAR VS. A15ME(5) SILVER SPRING. MD. DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NO D

Year

195

IF UNDER 24 HRS.

PERFORMED? YES 🗍

DATE SIGNED

(Stote)

(County)

NO B

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Day

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12. CITIZEN OF WHAT COUNTRY?

MERVIAND STATE DEPARTMENT OF HEALTH-SALTIMORE I

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
3511	CERTIFICATE	OF	DEATH	

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Re	a.	Dist.	No.					

1. PLACE OF DEATH o. COUNTY Mont gom	ery		MARYL	- 11	USUAL RESIDENCE (V		ved. If institution b. COUNTY	on: Residence	before admission))
	(If outside corporate limit	s, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF	aulside carporat	e limits, write RU	JRAL and give	e nearest town)	V
Bethesd			35 days		Falls	Chur ch		83 X	_3	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS				e. IS RESIDE	
The Cli	nical Center		thesda 14,	Md.	1215	Larchmo	nt Drive	8	ON A FA	
3. NAME OF DECEASED (Type or print)	Alice	st	Middle Irene		Dennis on	4. DATE OF DEATH	Man	rch	20, Yeo	58
5. SEX Female	6. COLOR OR RACE	7. MARRI	DIVORCED		uly 24, 189		AGE (In years lost birthdoy) 67 yrs.		YEAR IF UNDER 2	Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)		kind of Business or rivate Indu		Maine	e or foreign cour	itry)		OF WHAT CO	UNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	Here I			
John E.	Feeney				Mary A. I	Etchingh	am			
15. WAS DECEASEDEN (Yes. no. or unknown)	/ER IN U. S. ARMED FORI	amant .	SOCIAL SECURITY NO. 105-18-5821		Clinical C				Maryland	
	EATH [Enter only one content was CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	al	e for (0), (b), and (c).]	La	renoma	Josis: Sitep	puna who or a	ing	INTERVAL BETWONSET AND DE	EEN ATH
gove rise to couse (a), stating lying couse last	immediate DUE TO		ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TER!	MINAL DISEASE C	ONDITION GIVI	EN IN PART 1	(o) 19. WAS AUT	TOPSY
PART II. O	usekroud	ish	emm Lag	1	· Pala	coance	Infared	kin	PERFORM	ED?
2001. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Port I or Port II	of item 18.)			
20c. TIME OF INJU Hour a.m. p. m.	10	r 20d. IN While of work	_ Not while_	De. PLACE factor	OF INJURY (Home, for y, street, office bldg., e	m, 20f. (City or	town)	(Cou	nty)	(Stote)
	that I attended the					AM, fram		nd an the	date stated	
ACTUAL SIGNATURE	alvin.	*/.	Harre	2 M.C	The Cl	linical	Center	-C 11-0	3/20/	
PHYSICIAN'S NAME (Type)	Alvin H.				Bethe	nal Inst	Marylan	<u>d</u>	Tou	
Pemoval Specific Pemoval			Calvary		etery	Sout	h (City, town, o	r county)	(Stote) Maine	
23. FUNERAL DIRECTO			^02981 11	th	S+ N 249. REC	D BY REGISTRA	R 246. REGIS	FRAR'S SIGN	ATURE	
The S.H.	Hines Con	pan	y Marking	+ OII	CONTRACTEM	AR 2 4 '58	18884	-0 ALLE	6	

e funeral directar, buld be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the hospital ar attending physician.

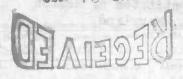
TO FUNERAL DIPERTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shoul detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar priar to burial, crematian, ar remayal, and in any event within it haus siter death.

VS A15 (4) 15M 10/57

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To Goldman & Statistical Strain



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I C NOSTINE OR ALLENDING PRISICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	mo	TO FUNERAL DIPERIOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director	bod	the
V 1	5 N	A15	(4)

					Re	g. Dist. N	0.
1. PLACE OF DEATH a. COUNTY Mo	ontgomery	MARYLAND	2. USUAL RESIDENCE (WE a. STATE New Jersey	nere deceased live	ed, If institution: I b. COUNTY	Residence bef	fore admission)
	(If outside corporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate	limits, write RURA	L ond give n	earest town)
Bethesda	iediesi iowiij	34 days	Morristown		67x	-3	
	TAL (If not in hospital, give ical Center,		d. STREET ADDRESS 98 Maple As	roniio			e. IS RESIDENCE ON A FARM?
3. NAME OF			7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7			YES NO
DECEASED (Type or print)	Nelli		Denny	4. DATE OF DEATH	March		Day Year L3 1958
5. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A			R IF UNDER 24 H
Female	White w	DOWED DIVORCED	May 31, 18	397 "	60 yrs.	onths Days	Hours Min.
IOa. USUAL OCCUPATION	ON (Give kind of work done rking life, even if retired)	106. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign countr	γ)	12. CITIZEN	OF WHAT COUN
Practical		Nursing	New York			U.	S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME			
Jesse Hay			Anna Mari				
15. WAS DECEASED EVE [Yes. no. or unknown)	ER IN U. S. ARMED FORCES' (It yes, give wor or dates of service)	INFORMANT The Med				
No		139-26-5052 TI	he Clinical Ce	enter, B	ethesda.	14, Ma	ryland
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).] Clearle Palaner	new Congo	a ha		0 N	TERVAL BETWEEN
Conditions, if a gove rise to i cause (a), stating lying cause last.	immediate (Pasela 1	Newingions	post	meatr	2	
3 Esus	shappar 1-	ONS CONTRIBUTING TO DEATH BUT FITHER HELLING DESCRIBE HOW INJURY OCCURRE				N PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in t	rarr I or Farr II o	r irem tb.)		
20c. TIME OF INJUR Hour a. m. p. m.	V	20d. INJURY OCCURRED 20e. PL While Not while to work at work	ACE OF INJURY (Home, farm actory, street, affice bldg., etc.	, 20f. (City or f	own)	(County	r) (Stai
21. I certify the olive on		ceased from February 1958 ond that death Tuitehard	occurred at 3:10F	ADDRESS (Street,	e couses and city or town, state	on the de	
PHYSICIAN'S NAME (Type)		Pritchard, M. D.	Bethesda 1	4, Mary			
BURTAL (Specify)			R CREMATORY METERY MA	CAMERI R 1 8 58	100	YORK	(State)
23. FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR	246 REGISTRA	R'S SIGNATO	DRE /
Joseph Greek	us Amo onc,	1756 Pa. Ave. N.	W.DC DATE	44494 O S	006	1 - 2 - 1	1 4

STATE OF BUILDING SECTION

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3513	CERTIFICATE	OF	DEATH
1514		•	

Reg. Dist. No. 213 477

o. COUNTY			MAR	YLAND	a. STATE	aryland		b. COUNTY	in: Kesigence t	perore aan	uission),
	Comery (If outside corporate limits	write	c. LENGTH OF STAT	V IN 16				an dimin min Di	1941 and also	4	1
RURAL and give	nearest tawn)	,		114 10				ote limits, write Rl			own)
	(Rural)		27 days			nnapol	15		210.	d	
OR INSTITUTION	ITAL (If not in haspital, given	re street (oddress)		d. STREET A						RESIDENCE N A FARM?
U.S. Naval	Hospital, B	ethe	sda, Mary	Land	21	+3 Kin	g Geor	ge Stree	t		□ NO
3. NAME OF	First		Middle	e	los	1	4. DATE	Mani	h	Doy	Year
(Type or print)	Edwin	8	Putr	nam	DEUTERI	MMAN	OF DEATH	March	1	18	19 58
5. SEX	6. COLOR OR RACE				B. DATE OF BIRT			P. AGE (In years	IF UNDER 1 Y		• /
Mamala		WIDOWE		-				last birthdoy)	Months Do		
Female	11477 00				12 June			4 yrs.			
during most of wo	ON (Give kind of work derking life, even if retired)	one 10b.	KIND OF BUSINESS	OK INDUS	STRY 11. BIRTHPL	ACE (State o	r foreign cou	untry)			IAT COUNTRY?
Housewife		N	one		Phil:	ippine	Islar	nds	U.	S.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN NA	WE				
Russell B	PITTNAM				Mabel.	TRIPL	ETT				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO	O. 17. II	NFORMANT			Addr	PLC		
(Yes, no. or unknown)	(If yes, give war ar dates of ser					747740	m 17 T		,	ne As	#2)
No			Unknown		is band)	MITTISI	III A • T)euterman	III (Sall	E AS	#41
	ATH [Enter only one cou	se per lin	e for (o), (b), and (c)	-]						NTERVAL	BETWEEN ND DEATH
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	an	Jakale	2 C	sonabe	mora	to vin	to ano	Cap		Llars
170x	DUE TO						-	3		26	7
Conditions, if	any which)								5 1 1 5 1		
gove rise to	immediate (
cause (o), stoting											
lying cause last.	, (c)-										
PART II. OT	HER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION GIVE	EN IN PART 1(19. WA	S AUTOPSY FORMED?
3											□ NO DX
PART II. OT	AS UNDERLYING [] 2	Ob. DESC	RIBE HOW INJURY O	CCURREC). (Enter nature o	f injury in Po	et I or Port	II of item 18.)			
U (IF EITHER, NOTIF)	MEDICAL EXAMINER)										
\$ 20c. TIME OF INJU	RY Month, Day, Year	20d. IN	UURY OCCURRED	20e. Pt/	CE OF INJURY	Home form	20f (City)	or town)	(Cour	1.1	(State)
20c. TIME OF INJU	19	While	Not while	foc	tory, street, office	bldg., etc.)	l zon (chy t	or town,	(Cour	ityj	(State)
			of work				1				
21. I certify t	hat I attended the d	decease	ed from 19 Fe	eb.	19 58	, to 18	March	1958	that I last	t saw th	e deceased
alive an 18					accurred at	5:55A.	M fram	the causes a			
		·/ '/		deam	occorred of			el, city or town, s			DATE SIGNED
ACTUAL	11 111	RI	1.		11.0						3-18-5
SIGNATURE	front !	un	ardun.	^	w.D. U.S.	Naval	Hospi	tal, Beth	lesda,	MO.	3-10-5
PHYSICIAN'S	lfwad 17 Dha		T. T. 1401	TRYAT							
NAME (Type)_A	lfred K. Rho	des,	LID MU,	NCO	U.S.	Naval	Hospi	tal, Betl	nesda,	Md.	
	ON, 226. DATE THEREOF		22c. NAME OF CEM	ETERY OF	CREMATORY	2	2d. LOCATIO	ON (City, town, a	county)	(5)	tote)
Bur 18h	3-21-58		Arlingto	on Na	t'l Ceme			ington, N			
	SAMENAME, , (W	50				24a. REC'D			TAR'S SIGNA		
Gawler's			. Ave., Was	hing	ton D.C		3 4 0 9001	8 (812	Cesue	/	
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1	. PLACE OF DEATH o. COUNTY Mon:	tgomerv		M	ARYLAND		SUAL RESIDENCE (WI STATE Washir		d lived. If institution b. COUNTY	an: Reside	nce befo	re admis	sion)
T		outside corporate limi	ts, write	c. LENGTH OF ST	AY IN 16	C.	CITY OR TOWN (IF	outside carpo	orate limits, write R	URAL and	give nec	rest tow	n)
	Botheeds '	Il Marvila	nd	75 day	vs `		Tacoma	a		84	X =	3	1
	d. NAME OF HOSPITA	al (If not in hospital, g	ive street		Md.		I. STREET ADDRESS	olden	Gata	18		ON	SIDENCE A FARM?
	B. NAME OF	Fir		Mid		1	Lost Con	4. DATE	Mon	th.	Do		Year
T	(Type or print)	Mari		,	one)		Diamond	OF		arch	20		1958
h	5. SEX	6. COLOR OR RACE		RIED NEVER MA		B. DA	TE OF BIRTH		9. AGE (In years			2	ER 24 HRS.
Ŧ	Town		WIDOW				ch 16, 19	30	last birthday)	Manths	Doys	Hours	Min.
1	F'emale Ou. USUAL OCCUPATION	White	done 10b.	[.]						12. C	TIZEN C	F WHA	COUNTRY
1	during most of work Housewif	ing life, even if retired		None			Canada					S.A.	
ŀ	3. FATHER'S NAME	E		None		14	MOTHER'S MAIDEN				0.0	1 - 52 -	
		1771 Amadasa				1	Roseltha						2.26
-	S. WAS DECEASED EVER	. Eldredge	CECO II	SOCIAL SECURITY	NO 117 11	UECON	MANT The Med						
	(Yes. no. or unknown)	If yes, give war or dates of s									Ma	. 2027	bra
-	No			unknown		ne	Clinical	center	, De thesi	78 77			
ı		TH [Enter anly one co	use per li	ne far (a), (b), and	(c).]		101-0	0			ONS	ERVAL B	DEATH
1	173X	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	m	assive	gust	DV	ntounal	men	mhass	_			
1	1100	DUE TO	GA		0.		01	. 17	1 10				
1	Canditions, if ar		, Chi	rioconci	my	. (= multy	Plen	netustes	والا			
	gave rise to in cause (a), stating t												
1	lying cause last.) (c)				199-9-A-1-						
	PART 11. OTH PART 11. OTH OTH OTH OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	PERF	AUTOPSY DRMED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	OCCURRE). (Ent	er noture of injury in	Part 1 or Par	t II of item 1B.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While	NJURY OCCURRED Not while	20e. PL/ foc	IOry, 1	F INJURY (Hame, farm treet, affice bldg., etc	n, 20f. (City	or town)		(County)		(Stote)
ı	21. I certify the	at I attended the	deceas	ed from Jan	uary L		, 19 58 to 1	March	20, 1958	_,that I	last so	w the	deceased
1	olive on Mar		. 19				orred at 7:45						
	1	15	2 6	2 0	_				freet, city or town,				ATE SIGNED
ı	ACTUAL SIGNATURE	word K	1	mal 1	11.1)	M.D.	The C	linica	l Center			3/2	0/58
1						n.D			nstitute	sof	Hea	l t.h	
1	PHYSICIAN'S NAME (Type)	Howard R. E	ngel	, M. D.				hesda_			11021	. 011	
-	20. BURIAL, CREMATION	y, 22b. DATE THEREC	F	22c. NAME OF C	EMETERY OF	R CRE			TION (City, town,			(Sto	te)
	REMOYAL (Spacify)	3/25/58	}	Masoni			Park		mpia, W			,	,
2	3. FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRECC		_		R BY REGIST		_			
1	Robert A		. 1	/pp/ Wis	cons	ın	Ave 246. MA	IT 2 4 5	8 000	esi	uch		

a funeral director, puld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OF ATTENDED OF Ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by VS A15 (4) 15M 10/57

the property of the same and

Section In January



824 1958 AAM

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
/	3515 CERTIFICATE OF DEATH Reg. D	ist. No. 03479
	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside b. COUNTY b. COUNTY	nce before admission)
	b. CITY OF TOWN (If outside corporate timits, write RURAL and RURAL and give nearest town) - 9807 River Rd.	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street didress) OR INSTITUTION Line Just Home 5080 Land At 21	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED ROBERT IRVING DODGE DEATH MONTH OF DEATH MONTH	Day Year 5 1958
	WIDOWED DIVORCED Usely 11,1878 lost birthdoy) yrs. Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	during most of working life, even if retired) Ar which will unknown	TIZEN OF WHAT COUNTRY?
	3. FATHERST NAME 14. MOTHER'S MAIDEN NAME (Tary)	non
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Tes. no. or unknown) (If yes, 50 mar or dates of service) 38L-2L-7500 Mohert 9 Dange 89.	Loops, Tie
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cere bra Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 12 WEEKS.
	Conditions, if any, which gove rise to immediate cause (a), stating the under-	Chronic
0	lying cause last. (c)	RT 1(o) 19. WAS AUTOPSY PERFORMED?
	20. ACCIDENT WAS INDERBUNDED TO AND DESCRIPTION INVITABLE OF CHARGE IN A COLUMN AND	YES NO R
		(County) (State)
	21. I certify that I attended the deceased from Dec 16, 1952, to March 5, 1958, that I	last saw the deceased
	alive an M.D. ACTUAL ACTUAL SIGNATURE M.D. 4830	DATE SIGNED
1	PHYSICIAN'S NAME (Type)	Vash. V.C.
-	20. BURIAL, CREMATION, PREMOVAL (Specify) 3/1/58 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5/0-3 - 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	
-	The state of the s	

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3516 CERTIFICATE OF DEATH

04738

DLACE OF DEATH O. COUNTY						Reg. Dist. N	0.	
Montgomery		MARYLAND	2. USUAL RESIDENCE (WI o. SIATE Maryland	nere deceased liv	b. COUNTY	on: Residence bel	fore admissi	on)
b. CITY OR TOWN (If outside RURAL and give nearest tow	corporote limits, wri	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate	limits, write RU	URAL ond give n	earest town	
d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, give str	eet oddress)	d. STREET ADDRESS				e. IS RESI ON A YES	FARM?
NAME OF DECEASED (Type or print) Mar	yAnn Cla	ggett Dorsey	Last	4. DATE OF DEATH	Mont		_	ear 9 58
	9 -	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Aug. 28, 187		AGE (In years	Months Days	R IF UNDE	
during most of working life, end to the control of working life, end to the control of working life, end to the control of the	kind of work done 1 even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State Maryland	or foreign count	(עו)	12. CITIZEN		COUNT
John Do	rsey		14. MOTHER'S MAIDEN N		- 13			
5. WAS DECEASED EVER IN U. S Yes. no. or unknown) (If yes, give	. ARMED FORCES? wor or dates of service)	16. SOCIAL SECURITY NO. 17. I	Miss Ethel I.		Addr	amacus,	Md.	
Canditions, if ony, which	CAUSED BY: ATE CAUSE (a) DUE TO	v line for (a), (b), and (c).]	i cardista	sculm	-desea	ind IN	TERVAL BET	WEEN
couse (o), stating the under lying couse lost. PART II. OTHER SIGNI	(c)	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVE	EN IN PART 1(0)	19. WAS A PERFOR	MED?
PART II. OTHER SIGNI 20a. ACCIDENT WAS UNDER OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL	F OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port I or Part II	of item 18.)			
20c. TIME OF INJURY Month Hour a. 51. p. m.	Wh.	1. INJURY OCCURRED 20e. PL for while work at work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f. (City or	town)	(County)	(Stote
21. I costify that Latt	ended the dece	ased from Arthur 19		_M, from the	ne causes at	that I last s nd on the do	ate state	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	- V. Ke	~	M.O. Llamps	ruy r	nd:		3/29	15%

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	and and all		
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			in selection of each
	Frank Profession		
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CONTRACTOR OF THE STATE OF THE			

CERTIFICATE OF DEATH

	0011						Reg. Dist.	. No.		
1. PLACE OF DEATH o. COUNTY Montgomery		MARYLAN		USUAL RESIDENCE (Who o. STATE Virginia	ere decease	d lived. If institution b. COUNTY Arlin		before adm	ission)	
b. CITY OR TOWN (If outside o		c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If or	utside corpo			ve nearest to	own) /	
RURAL ond give negrest town Bethesda)	125 days		Arlington		-8	3 X V	3	_	
d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, give stre			d. STREET ADDRESS				e. f5 R	RESIDENCE	
	Center. B	ethesda 14. Md		4133 S. 36th Street			-	ON A FARM?		
3. NAME OF	First	Middle		Lost	4. DATE	Mont	h	Day	Yeor	
(Type or print)	Paul	Joseph		Dovle	OF DEATH			14.	1958	
S. SEX 6. COLO		ARRIED A NEVER MARRIED	7 B. D	ATE OF BIRTH	1	9. AGE (In years	IF UNDER 1		IDER 24 HRS.	
Male Whi	ite wind	OWED DIVORCED	Ja	nuary 16, 1	903	lost birthday)	Months D	Days Hour	rs Min.	
100. USUAL OCCUPATION (Give k	ind of work done 1	Ob. KIND OF BUSINESS OR IN			or foreign c	country)	12. CITIZ	EN OF WHA	AT COUNTRY?	
Budget Analyst	ven ir retired)	Government		Ohi	.0		U	.S.A.		
13. FATHER'S NAME			1.	MOTHER'S MAIDEN N	AME					
Harry C. Doyle	9			Mary Owen						
15. WAS DECEASED EVER IN U. S. (Yes. no or unknown) (If yes, give w	ARMED FORCES?	16 SOCIAL SECURITY NO. 1	Z. INFO	RMANTThe Medi	cal F	lecord Addre	255			
Yes 1920-	-1921	STATE OF STATES					14.	Marvla	and	
Canditions, if any, which gove rise to immediate couse (o), stating the under-	DUE TO	r line for (a), (b), ond (c).] Acute myelobla	stic	leukemia				INTERVAL ONSET AN I MC		
CAT.		AS CONTRIBUTING TO DEATH					EN IN PART I	PERF	S AUTOPSY FORMED?	
	YING 20b. E OF DEATH EXAMINER)	PESCRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in P	ort I or Por	t II of item 18.}				
20c. TIME OF INJURY Month, Hour a. m. p. m.	wh.		PLACE factory,	OF INJURY (Hame, farm, street, office bldg., etc.)	20f. (Cit)	y or town)	(Co	ounty)	(Stote)	
21. I certify that I attended alive on March 12 ACTUAL SIGNATURE BAYARD PHYSICIAN'S NAME (Type) Bayard	and Tynes,	79nes		The Cli Nationa	M, from noness (sonical Ins		nd on the	3-11		
	ATE THEREOF	22c. NAME OF CEMETER	Y OR CR			TION (City, town, or			tote)	
Burial 3-	19-58	Arlingtor	NE	tional	Arli	ngton.		Va.		
23. FUNERAL DIRECTOR'S SIGNATURES	rev-lers	Sono 11/2	fa	DATE MAN		TRAR 24b. REGIS	TRAR'S SIGN	9		

with TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours offer death. Page 4 funeral director may be retained by the hospital or attending physicion.

TO FUNERAL DICTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shaufe. Detached far use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

MARTIAND STATE DEPARTMENT OF HEALTH-DARFRORE, 19

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VS A15 (4) 15M 10/57

THE STATE SELECTION OF THE PERIOD OF THE PER	10
IARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	1 22
JAKTEANU STATE DEPAKIMENT OF HEALTH—KALTIMOKE	34
TAKTEANU TIATE DEPAKTMENT OF BEALTBENALTIMORE	

3518 CERTIFICATE OF DEATH

Reg. Dist. No.

03481

1. PLACE OF DEATH o. COUNTY M	ontgomery		MAI	RYLAND	2. USUAL RESI		ere decease	d lived. If instit			e admiss	ion)
b. CITY OR TOWN	(If outside corporate limit	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If o	outside corpo	rote limits, write			rest town	1)
Bethesda			l day		Silver Spring 56							
d. NAME OF HOSP	PITAL (If not in hospital, o	give street		-	d. STREET			1			e. IS RES	
The Clin	ical Center	. Bet	hesda Ili.	Md.	8524	Milfor	d Ave	nue				FARM?
3. NAME OF	Fir		Midd		Lo		4. DATE		lonth	Do	v '	Year
(Type or print)		rence	(-	Dubb		OF DEATH	M	larch	12		1958
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARI	RIED 🔲	8. DATE OF BIRT	Н		9. AGE (In yea		ER 1 YEAR		
Female	White	WIDOWI	ED DIVOR	ED 🔲	Novembe	er 15,	,1913	lost birthdoy	rs. Months	Doys	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (State	or foreign o	ountry)	12. 0	ITIZEN O	F WHAT	COUNTRY
Clerk	, .'		tail Sale	S	Peni	nsylva	nia			II.	S. A	
13. FATHER'S NAME		1=00			14. MOTHER'S						0 8 3	2.0
Samuel W	einstein				Mar	garet	Berko	witz				
15. WAS DECEASED EV	FR IN U. S. ARMED FOR		SOCIAL SECURITY N	0. 17. 1	NFORMANT T				ddress			
(Yes, no. or unknown)	(If yes, give war or dates of s		75-01-839		he Clin					, Ma	ולידים	and
	EATH [Enter only one co	use per lis	ne for (a) (b) and (c		110 01111	2002	7011001) De one	Duu I	-	RVAL BE	
	EATH WAS CAUSED BY:		- 5 /	···)	_						ET AND	
170x	IMMEDIATE CAUSE (o		a war a	res								_
	DUE TO	1-1	matre for	hore						1		_77
Conditions, if	immediate		The de								ma	- N
couse (a), stating		C	Things of	11.	at to	trate	en to	1	2)			
Z lying cause lost	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	EATH BUT	NOT BELLTED TO			70-7	-		0 14/46	ALIZOBOV
CATIC		DITIONS	LONING WOOD	LAIN BUT	NOT RELATED TO) Inc lekmi	NAL DISEAS	ECONDITION	SIVEN IN PA	AKI I(O)	PERFO	NO
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in f	Port I or Par	t II of item 18.)				
20c. TIME OF INJU Hour a. m. p. m.	10	or 20d. It While at wor	NJURY OCCURRED Not while of work	20e. PL for	ACE OF INJURY (clory, street, office	Home, form e bldg., etc.	, 20f. (City	or town)		(County)	e E	(Stote)
21. I certify t	that I attended the	decease	ed from Ma	rch	11, 1958	, to	March	12. 195	8 that	I last so	w the	decease
alive an	March 12	. 19 5			accurred at							
	4				00001100 01			reet, city or tow		me doi		ATE SIGNE
ACTUAL SIGNATURE	Mly D	1/0	odnan.		mp The		cal Ce	4/1			3/	/12/58
SIGNATURE					Natio			utes of	Heal	th		
PHYSICIAN'S NAME (Type)	Allen D. Go	odmai	n, M. D.					ryland		011		
220. BURIAL, CREMATI	ON, 22b. DATE THEREC)F	22g/ANAME OF CE	METERY O)		ION (City, town	or county)	(Stote	4
REMOVAL (Specify	1 3/13-14	228	Markon	.Ph	Person Ta	le	Fai	es Of	rusal	1	16	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		1		D BY REGIST	RAR 246. RE	GISTRAK'S S	GNATUR	6	
Grabben	8 Fune	. 0 x	forme a	Susi	1.DC	DATE	MAR 1 4	'58	WAS	rdue	A	
	The second	CLA IV			-							

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The law requires that the death certificate be executed within 24 haurs after death. Page 4		has been signed by the attending physician and campletely filled in by the funeral directar,	urial-transit permit. Then please remave carbon papers. Pages 1 and	1
death.		uneral	ld be fi	
after		The f	2	
haurs		in by	pup	•
n 24		filled	ges 1	
W.Th		etely	Pac	
ecuted		campl	papers	ath
pe ex		ond I	rban	ter de
cate		'siciar	ve co	urs of
certifi		g phy	rema	72 hai
death		ttendin	please	emaval, and in any event within 72 haurs after death
the		the a	Then	rent v
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UILES		gned	perm	in a
req	g physician.	en si	insit	and
ON	hysic	s pe	I-tra	val,
The	0 6	ha	uria	ema

MARTLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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3510 **CERTIFICATE OF DEATH**

03482

9019	, , , , , , , , , , , , , , , , , , , ,		Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution: Resi b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		de corporate limits, write RURAL a	
Bethesda	2 hrs.	X	Smine WHE	FATON
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION			nter Hill	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF Suburban	Hosp.	II 1,2320 T	er St.	DADO PM
DECEASED (Type or print) Le Poy	R. Du	err£	DATE Month L.	11 19 58
S. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW	VED DIVORCED	9/9/92	lost birthday) Month	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Retired CONDUCTOR	Railroad	STRY 11. BIRTHPLACE (State or 1		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
Rudolph Duerro	?	EL	len Kreager	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17.	Wife AME	WIA DUENTE	WHEATON.M
PART I. DEATH [Enter only one cause per leaves of the part is death was caused by: IMMEDIATE CAUSE (o) Canditions, if ony, which gove rise to immediate cause (o), stating like under-lying cause lost. [b] DUE TO DUE TO [c]	bronary	s occlus sclerosio	lon	INTERVAL BETWEEN ONSET AND DEATH
PART 11. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN I	PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAT		none		YES NO
OR CONTRIBUTING CAUSE OF DEATH!	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	I or Part II of item 18.)	
A Hour o. m. While		ACE OF INJURY IHome, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I ottended the deceo olive on That II, 19. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	and a	occurred of 12/20 7	M, from the causes and or ORESS (Street, city or town, state)	I lost sow the decease the dote stated obove DATE SIGNE
220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL, (Specify) 3-/5-/958	7 Port Line	of CREMATORY 220	Bladenslur	y) (State) mil.
23 FUNERAL DIRECTOR'S SIGNATURE W. W. Chambers Co	ADDRESS . 5-17-11 45/.	S. C. DATE MAR	registrar 24b registrar 1 3 '58	SIGNATURE

BUREAU V. S.

8381 81 AAM

DECENAED

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be another formally provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL SECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Health, ar its designated agent, prior to burial, cremation, or remayol, and in any event within 72 hours after death. N

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03483 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3520 Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY	Montgomer	7	MARYL	AND	2. USUAL RESIDENCE (W	where deceo	h. COUNT	Υ	nce before	
b. CITY OR TOWN (I	f outside corporate limits, write sington	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	outside con na Par				
d. NAME OF HOSPIT Franklin	& Conn. Ave	not in hosp	ital, give street address)	d. STREET ADDRESS	Ave				o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Hi.ra	n	Lester	Dur	'epo	4. DATE OF DEATH	Mont Ma:	r. 17,	Doy 19	7ear 58 19
5. SEX male	white	MARRIE	NEVER MARRIED DIVORCED	-	Peb. 27, 1898	8	9. AGE (In years lost birthday) 60 yrs.	Manths	1 YEAR Doys	Hours Min.
100. USUAL OCCUPATION OF WORK Plastere	ON (Give kind of work do ng life, even if retired)	1	IND OF BUSINESS OR H	NDUST	North Ca:			12. CITI	ZEN OF	WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N					
	Burepo				Clara Pau	1				
15. WAS DECEASED EVILON, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16. S	SOCIAL SECURITY NO.		s. Joan Y. Di	unn, '	Address 7920 18th	Ave.	W.H	Hyattsvill
THE RESERVE OF THE PARTY OF THE	TH [Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		or (o). (b). and (c).] oronary Occ	clus	ion				ONSE	val setween t and beath sudden
Conditions, if gove rise to imme (o), stoting the cause lost.	ony, which (b)_diote cause									
PART II, OT	HER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PAR		P. WAS AUTOPSY PERFORMED? (ES NO K
-	USE WAS NTRIBUTING []	. DESCRIBE	HOW INJURY OCCUR	RED. (E	nter noture of injury in Port	t I or Part II	of item 18.)			
20c. TIME OF INJU	RY Month, Day, Year	While			E OF INJURY (Home, form ry, street, office bldg., etc.		or town)	(Cou	inty)	(State)
21. 1 certify 1	hot I took chorge	of the r	emains described	abov	ve, held on Autops	у 🔲 , І	nspection 🔀	Inquir	у 🗔	ond in my
opinion deoth	resulted from: N	oturol c	auses 😿. Accid	ent [], Suicide [], I	Homicide	, Undete	rmined n	nonne	er 🔲
ACTUAL SIGNATURE	Frank D.	Bas	what		_M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
EXAMINER'S NAME (Type)	Frank J Br	oscha	rt		DEPUTY MEDICAL I			Mar.	17	, 1958
220. BURIAL, CREMATIC REMOVAL (Specify PLANSIN SECTOR 23. FUNERAL DIRECTOR	cel, mar. 17.1.	958	Openafield To		ds Cemetery	224 LOCA Sui D BY REGIS	TION (City, lown GAR 246 REGI	unly	SNATUR	out Caroli
Q'arthur	Walter, 25	4 Ca	roll St no	V. K	Y.O. DATE	MAR 1 8	58	I lo	uel	

DECENAED

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FOR STATE

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VS A15 (4) 1SM 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
3521	CERTIFICATE	OF DEATH	

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MOI	ntgomery		MARYL	- 11	o. STATE Maryla		d lived. If institut b. COUNTY	/	ce before od	mission)
b. CITY OR TOWN (I RURAL and give pe Bethesda (I	foutside corporate limi orest town) (ural)	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF a					lown)
d. NAME OF HOSPIT OR INSTITUTION U.S. Naval	AL (If not in hospitot, of Hospital,			1	d. STREET ADDRESS		fer School	ol Roa	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Victor		Anne :	echel.	lost BERGER	4. DATE OF DEATH	Mo	nth ar ch	Day 2	Yeor 19 58
s. sex Female	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRIED DIVORCED		ATE OF BIRTH 29 December	1940	9. AGE (In years last birthday) 17 yrs.	Months	Days Ha	NDER 74 HRS.
Housewife 13. FATHER'S NAME Maurice And 15. WAS DECEASED EVE	erson Spal	ding CES? 16. S	OUSEWIFE	17. INFO	Washin MOTHER'S MAIDEN N Ester Vict	gton,	D. C.	dress	U.S	HAT COUNTRY
18. CAUSE OF DEA PART I. DEA Conditions, if or	mediate (Pr		Lobula	nand) Lowel r, Bilaters alized		ichelberg	ger (S	INTERVAL ONSET A	B #2) L BETWEEN ND DEATH
3 491X) (c				Cute, right		E CONDITION GI	VEN IN PART	PE	AS AUTOPSY RFORMED?
W (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yeo	20d. IN. While of work	JURY OCCURRED 2 Not while of work	Oe. PLACE factory	nter noture of injury in the office of the office of the office office of the office o	20f. (City	or town)		ounty)	(Stote)
ACTUAL SIGNATURE	at I attended the arch	decease , 19 5	of two	death oc	U.S. Nava]	A.M., from ADDRESS (SI L. HOSP	the causes of reet, city or town, ital, Be	ond an the state) the sale	e dote st	ne deceased ated above DATE SIGNET
220. BURIAL, CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S	3-6-58		22c. NAME OF CEMET		U.S Nava	22d. LOCAT	ington,	or county)	(9	State)

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e. IS RESIDENCE

ON A FARM?

YES NO

Year

19 58

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (Stole)

DATE SIGNED

(Stote)

Day

U.S.A.

(County)

30

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death.

24 hours after

within

executed

death certificate

law requires that the

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ar attending physician retained TO FUNERAL E shau

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the registrar

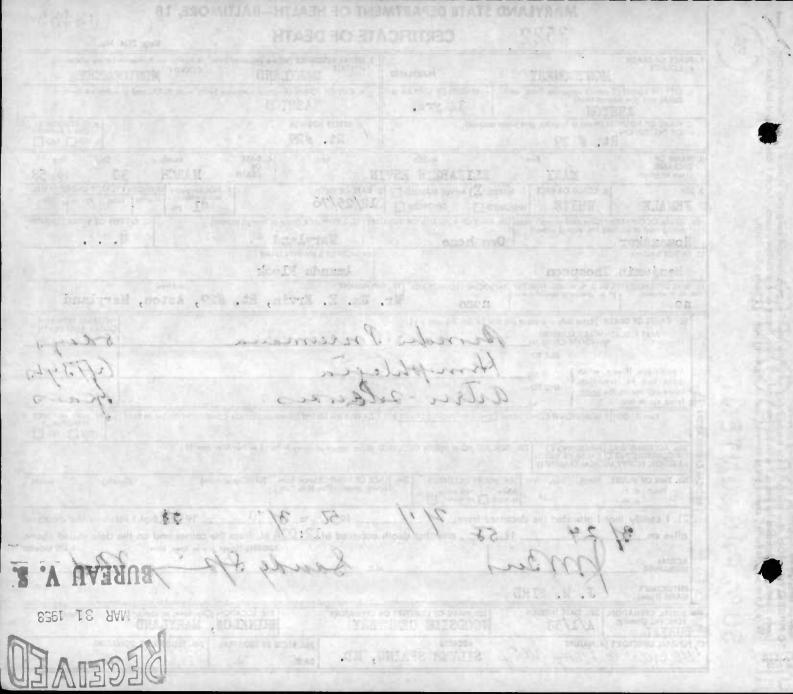
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a signed by the arrending physician and campierery ritied in	Ser	ind in any event within 72 haurs after death.	
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CERTIFI

3522 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND MONTGOMERY MARYT. AND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 34 yrs. ASHTON ASHTON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Rt. #29 29 NAME OF 4. DATE First Middle Lost Month DECEASED MARY ELIZABETH ERVIN DEATH MARCH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH lost birthdoy) Months FEMALE WHITE WIDOWED [DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Maryland Homemaker Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Thompson Amanda Flook 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Wm. E. Ervin, Rt. #29, Aston, Maryland no none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c); PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 450.6 DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc. Q. fl. While Not while ot work at work p. m 21. I certify that I attended the deceased fram and that death accurred at 12:00 A. M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S W. BIRD NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) WOODSIDE CEMETERY BRINKLOW. MARYLAND BURTAL 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

SILVER SPRING, MD.

DATE AR 3 1



VS A15 (4) 15M 10/57

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oled within	ampletely fi	apers. Page	4	
tore be exec	may be retained by the haspital or attending physicion. TO FUNERAL DIFFCTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director,	page 3 shauls. I detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 1. Juld be filed with	the registror priar to burial, crematian, or remaval, and in any event within 72 hours after death	1
eom cermin	ending phys	leose remov	thin 72 hour	
D DUI LUC O	by the off	iit. Then p	ny event wi	
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I HOSTIAL OF ALIENDING PHISICIAN: the law requires that the deoth certificate be executed within 24 haurs ofter death. Page 4	d by the ho	detache	ar to buria	
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2	TO FU	pag	the	

	3523 CERTIFICA	ATE OF DEATH Reg. Dis	1. No. 13485
)	1. PLACE OF DEATH O. COUNTY NIGHT GOIVIERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MOH ORKINEY PKY.	c. CITY OR TOWN Ut outside corporate limits, write RURAL and g	ive nearest town)
3	d. NAME OF HOSPITAL (If for in hospital, give street address) OR INSTITUTION	MIDH ORKNEY PKY.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) SARAH B. ESS	ELSTVA 4. DATE Mighth OF DEATH MIARCH	Day Year 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	OCT 10 187H 83 bithdoy) Manths 1	Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE HOUSE SWIFE	New YORK CITY	S.A.
	13. FATHER'S NAME CALCULE! BLAKENIAN	14. MOTHER'S MAIDEN NAME SARAH VOSBURG	7
	(Yes, no/or finknown) (If yes, give, word or dates of service)	EVERETT J. ESSELSTYN	IJR.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR TO SERVE OF DEATH [C).	ranfasis	ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the under-	من	35ars
0	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 18.)	YES NO M
		b. Letter house of injury in rail vol roll in or nein 10.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for Mour o. m. MAR 11 1950 While of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Coclary, street, office bldg., etc.)	ounty) (Stote)
/	21. I certify that I oftended the deceased from AN 19		ast saw the deceased
	ACTUAL (1/2001 MA) COOS	ADDRESS (Street, city or town, stote)	e date stoted above
	PHYSICIAN'S WESLEY M. OLER M.D.		
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O REMOVAL (Specify) 3-12-58 REE CREIVI	R CREMATORY 22d. LOGATION (City, town, or county)	(State)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGN	NATURE
1		C. The state of th	~ ~

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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AC I WANTER

BUREAU V. R.

8361 S.1 958

BECEINED

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Montgomery		MARYL	AND	2. USUAL RESIDEN o. STATE New Yor		ere decease	d tived. If instituti b. COUNTY	on: Reside	nce befor	e admissi	on)
b. CITY OR TOWN (III RURAL ond give ne	f outside corporate limi	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOV	VN (If or	tside corpo	rate limits, write R	URAL ond	give nea	rest town)
Bethesda			93 days		Forest	Hi]]	S	69	Λ ,,			/
OR INSTITUTION	At (If not in hospital, s		oddress) lesda 14, Mo		d. STREET ADD		Stra	0.†				DENCE FARM? NO
3. NAME OF	Fit		Middle	~ 6	lost	2261	4. DATE	Mon	ol.	Day		eor
DECEASED (Type or print)	Emi		(none)	Falcocch	io	OF DEATH	March		15		958
5. SEX	6. COLOR OR RACE	7. MARE	RIED MEVER MARRIE		B. DATE OF BIRTH	Q.		9. AGE (In years last birthday)		RIYEAR		
Male	White	WIDOW	ED DIVORCED		19 July	1912		45 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of wark ing life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLAC	E (State o	or foreign c	ountry)	12. C	TIZEN O	F WHAT	COUNTRY?
Builder	mg me, even il temed	0	construction	onstruction Italy]	Italy	aly '	
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN N	AME					
Paolo Falc	occhio				Maria	Rana	letta					
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		FORMANT The							
no	in yes, give wor or dunis or :	ervicey	none		The Clini	cal	Cente	r, Bethe	sda 1	4, M	aryl	and.
Conditions, if or gove rise to it couse (a), storing lying couse last. PART II. OTH	the <u>under-</u> DUE TO	Ha	oncho Pneum)ise	ase	HE TERMII	NAL DISEAS	E CONDITION GIV	/EN IN PA		PERFO	•
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye		CRIBE HOW INJURY OC	20e. PLA	ACE OF INJURY (Hor	ne, form,	20f. (City			(Caunty)		(State)
20c. TIME OF INJUR Hour o. m. p. m.	19	While	Not while		tory, street, office bl							
actual SIGNATURE PHYSICIAN'S NAME (Type)	Ch 15 Richard J. Richard	125 (Crou	Tient	death	occurred at w.b. The Nati Beth	4:30 Clin onal	AM, from LOORESS (S Lical Inst		and on state) f Hea	the doi	e state	ed abave. TE SIGNED '58
REMOVAL (Specify)	3-15-		ADDRESS			25.5	FOR	EST H	1146	51	VEU	1 YOR
W.W. CL	rambers	G	1400 cha	fin	C+Land	ATEMAT	84 REGIS	RAR 24b. REGI	SIKAK'S S	1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page, 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIFFICIOR: After this certificate has been signed by the attending physician and campletely filled in britis funeral director, page 3 shauly. I detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the burial befiled with the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH

BUREAU Y. E.

8261 81 9AM

DECENTED

VS A15 (4) 15M 9/55

1. PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (I RURAL ond give ne

d. NAME OF HOSPIT OR INSTITUTION Montgomery

NAME OF DECEASED

5. SEX

(Type or print)

Female

13. FATHER'S NAME

15. WAS DECEASED EVE

18. CAUSE OF DEA

Conditions, if or

gove rise to in couse (o), stoting

lying couse lost.

PART II. OTH

CERTIFICATION

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Gusta

PART I. DEA

10a. USUAL OCCUPATIO during most of work

3525	CERTIFICA	ATE OF DEATH	Dist. No. 03488
Iontgomery	MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Res o. STATE b. COUNTY	
f outside corporate limits, write carest town) liney	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL of Washington, D. C.	and give rearest town)
AL (If not in hospital, give street County General		d. STREET ADDRESS 2207 20th St., N. W.	e. IS RESIDENCE ON A FARM? YES NO
First Ed i th	Middle Marie	Lost 4. DATE Month Fenton DEATH March	Doy Yeor 22 19 58 DER LYEAR IF UNDER 24 HRS
White WIDOW	ED DIVORCED	7/21/86 lost birthdoy) 71 yrs. Mont	hs Days Hours Min.
ing life, even if retired)	. KIND OF BUSINESS OR INDUS	Illinois	U. S. A.
A. OLSON R IN U. S. ARMED FORCES? 16 If yes, give wor or dates of service)		Marie C. Homberg NFORMANT 8006 Oglesby: Argrene W. Olson Chicago 17, Ill	
TH [Enter only one cause per 1 TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Com	INTERVAL BETWEEN ONSET AND DEATH
DUE TO	Caren	2) est pure	6 m
the <u>under-</u> DUE TO	Democar	comme of Blander	toz year
ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of item 18.)	
Month, Day, Year 20d.	1	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	(County) (Stole

20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY

MEDICAL 20c. TIME OF INJUR Hour a. si. p. m.

21. I certify th alive on that death accurred at 1,229 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S Ligon. Sandy Spring, Maryland NAME (Type)

220 BURIAL, CREMATION, A REMOVAL (Specify) 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d. LQCATION (City, town, or count FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. RECO BY REGISTRAR 24b. REGISTRAK'S SIGNATURE

DATE MAR 2

CERTIFICATE OF DEATH

a course the way and the course of

Marche D. Cabball

BUREAU V. S.

8291 38 AAM



VS A15 (4) 1SM 10/57 6

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
						-

3526 CERTIFICATE OF DEATH

03489

Rea. Dist. No.

	1111								ICE N. DI	31, . 10.		
1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDEN	NCE (When	e deceased live	ed. If instituti	an: Resider	nce befor	re odmis	sion)
Montgomery			MAK	YLAND	Kentucky							
b. CITY OR TOWN (If RURAL and give ne		ts, write	c. LENGTH OF STAY	r IN 16	c. CITY OR TOV		side carporote	limits, write F	URAL and	give nea	rest tow	n)
Bethesda			37 days		Redclif	f			55X	- 3		V
OR INSTITUTION	AL (If not in hospital, g				d. STREET ADD							A FARM?
The Clinic	al Center,	Beth	nesda III. I	Md.	Route 1						YES	NO G
3. NAME OF DECEASED	Fir	st	Middle	e	Lost	4	OF	Mor	nth	Day	у	Year
(Type or print)	Barbar		Ann		Fetterma	n	DEATH	Ma	rch	1	L,	19 58
5. SEX			RIED T NEVER MARR		B. DATE OF BIRTH		9. 4	GE (In years ast birthday)	Months	Days	Hours	ER 24 HRS.
Female	White	WIDOW			May 25,			19 yrs.				
10a. USUAL OCCUPATIO during most of worki	N (Give kind of work or ing life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS				(Y)				COUNTRY
Housewife		1	lone		Penns	ylvar	nia		U	. S.	. A.	4021
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN NA	ME					
Earl M. Gr	aham				Mary							87
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO), 17. IF	FORMANT The	Medi	ical Re	cord Add	ress			
No	yes, give wor or datas or y		202-30-0529		e Clinica					Mar	vla	nd
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	1/4	ne. for fo), (b), and (c)	Vall	uder	In.	Logic	ericz	fist	INTE	EVAL B	ETWEEN DEATH
Canditions, if an gave rise to in cause (a), stating t lying cause last.	mediote (11/1	mais		Tibre	ila	tion).				
NOTE PART IT OFF	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO TH	LE TERMIN	AL DISEASE CO	ONDITION GIV	EN IN PAR	RT 1(o) 1	PERFO	AUTOPSY DRMED?
PART NOTES	UNDERLYING CAUSE OF DEATH	20b. DES	RIBE HOW INJURY C	OCCURRED). (Enter nature of in	njury in Pa	rt I or Part II o	of item 18.)				
20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Yes	While	NJURY OCCURRED Not while of work	20e. PLA foc	CE OF INJURY (Har lary, street, affice bl	me, farm, ldg., etc.)	20f. (City or I	lawn)	(County)		(State)
	of 1 attended the ch 11	deceas	ed from Febru 50), and that	t death	occurred at 8	:00 p At inica	M, from the DORESS (Street, al Cent	e causes (, city or town,	and an t	he dat	le stat	deceased ed above ATE SIGNED 2/58
PHYSICIAN'S NAME (Type)	Carlos Ray	Lomb	pardo, M.	D	The Na Bethes		al Inst		of H	ealt	h	
220. BURIAL, CREMATION REMOVAL (Specify) PANSIT	3/13/58	F	22c. NAME OF CEM	AETERY OF		2	2d. LOCATION Bellwo	(City, town,	nnsy	lvan	ia (Sto	le)
Robert A.	SIGNATURE Pumphrey	-Bet	hesda, Md	i.	210346	ATE MA	BY REGISTRAR R17'58	0	STRAR'S SI	-/	RE /	

Lobert . Pumpreey-Estheadn, wd.

BUREAU V. E.

8561 71 AAN

BEGEIAE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 3597 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH . b. COUNTY Monl Gomera MARYLAND 0 1V 00m 2 b. CITY OR TOWN (If outside corporate limit), write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) VPRd. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 16HLAN YES T NO F 4. DATE Month Yeor Lost OF DEATH MAR 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED P NEVER MARRIED lost bisthdoy) Months Doys Hours WIDOWED [DIVORCED T 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) CVERNMEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SIAFFORD 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO WORLD INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) **DUE TO** PERFORMED? YES NO TH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

gove rise to immediate cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

of work

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while

of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

much 1938, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at (52M), fram the causes and an the date stated above.

ACTUAL

ADDRESS (Street, city or town, stote)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) MAR. 26.1958

22c. NAME OF CEMETERY OR CREMATORY 6-4 enwoo

22d. LOCATION

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S

NAME (Type)

MEDICAL

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A1S (4) 15M 9/55

FUNER/ 3

HOSPITAL

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physician

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papers.

deoth.

. COUNTY

NAME OF

DECEASED

(Type or print)

hours after death. Page

within 24

executed

death certificate

requires that

CERTIFICATE OF DEATH

BURKAU V. R.

8381 88 AAM

BECEIAED

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate. writing the ward "pending" in pending them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be a product to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained a retained for your files.

TO FUNERAL EXPLATOR: Page 3 should be used as a burial-transit permit. File apgest and 2 with the State is included to its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 2/57

3528 MEDICAL EX.	DEPARTMENT OF	HEALTH-BAL	TIMORE, 18	00404
3328MEDICAL EX	AMINER'S CER	TIFICATE OF	DEATH	03491
3 & 14. Film G228.	4/21/50 fey		Reg	Dist. No.

Items 13 & 14, Film G220, 4/21/50	ECY Reg. Dist. No.				
1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montg.				
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give recrest town) ROCKVILLE, R.F.D. DOA	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) X Rockville, R. F. D.				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Bond Rd. nr Norbeck	Bond Rd. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\otimes\)				
3. NAME OF First Middle Middle	Last 4. DATE Month Day Year Of				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. If UNDER 24 HRS.				
male col WIDOWED DIVORCED 1 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1aborer					
13. FATHER'S NAME West Gaines	14. MOTHER'S MAIDEN NAME Lizzie Warren				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or doles of service) 251-46-0205	Montg. Co. Police				
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 434, DUE TO Conditions, if ony, which gove rise to immediate couse (b) Consisting the underlying DUE TO Couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN COUSE TO CAUSE WAS CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS CAUSE OF OCCURRED TO CAUSE OF DEATH.	Found dead in woods NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT				
	Enter noture of injury in Port I or Port II of item 18.) 1 Snow storm when he collapsed				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a. m. p. m. 19 of work of work	ACE OF INJURY (Home, form. 20f. (City or town) (County) (State) lory, street, office bldg., etc.)				
21. I certify that I took charge of the remains described about opinion death resulted from: Natural causes . Accident					
ACTUAL SIGNATURE FICES OF Broschart	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER				
220. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OF					
But 121 (Specify) 3/29/58 Ash Memoria]	Sandy Spring, Md.				
Bockville, M.					

BUREAU V. S.

THE PLACE LIFE COLUMN TO BE THE REPORTED

- 1 (0 51 5 7 1 0 A C)

8981 40 8VVI

DECENTED

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3529 **CERTIFICATE OF DEATH** 03492

	99	CJ	CLKI	IIICAI	L OF DEAT			Reg.	Dist. No	. 2	215
1. PLACE OF DEATH a. COUNTY	MONTGOME	PV	MAI	2.	USUAL RESIDENCE (WO. STATE NORTH CA	42115-070	b. COUN		dence befr		
b. CITY OR TOWN (I	f outside carporate limi		c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF			PIIPALO	ad aiva as	mant town	-1
RURAL and give ne	earest tawn)					doiside curpi	ordie iliitis, write	RUNALO	no give ne	egresi iuwi	1)
d. NAME OF HOSPIT	(RURAL) AL (If not in hospitat, g	ive street or	LI DAYS		d. STREET ADDRESS		/	OX	- 0	1 AC 050	TIDENIES.
OR INSTITUTION										ON A	FARM?
J. S. NAVAI	HOSPITAL				2513 HART					YES L	NO V
DECEASED	Fir		Middl	le	Lost	4. DATE OF		lanth	De	,	Year
5. SEX	ONALD HOWA		GEER		ATE OF DIPTIN	DEATH	THATICIL	29			19 58
			DE NEVER MARE		ATE OF BIRTH		9. AGE (In year lost birthday) Manth	DER 1 YEAR	Haurs	ER 24 HRS
MALE	WHITE	WIDOWED	_		11 FEBRUAF			rs.			
10a. USUAL OCCUPATIO during most of work	ing life, even if retired	dane 10b. K	IND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State	ar foreign c	country)	12.	CITIZEN C	OF WHAT	COUNTR
U.S. NAV	ľY		U.S. NAVY	7	NORTH	CAROL:	INA		U.S		
13. FATHER'S NAME				1.	MOTHER'S MAIDEN	NAME				100	-
DONALI		EER			NELL	TE EV	A CAMPBE	ELT.			
IS. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY N	O. 17. INFO	RMANT			ddress			
YES	1/15/52-3/2	5/58	242-44-6	659 W	IFE) SHIRLE	V TEAL	N GEER	SAM	E AS	4 21	
18. CAUSE OF DEA	TH [Enter anly ane ca	use per line			LLD J GILLION	0.000	GEREIN	DAM		ERVAL BE	TWEEN
	TH WAS CAUSED BY:				WITH PULMON	MPV FI	DEMA		ON	SET AND	DEATH
593X	IMMEDIATE CAUSE (a	02023	arionormi i	MIT TITO	MILIT I OLIVOIT	WILL TH	MINH				
C==4161=== 14											
Canditians, if or	nmediate)									
cause (a), stating t											
lying cause last.) (c							4 ()			
CAT	er significant con	DITIONS <u>CO</u>	NTRIBUTING TO DI	EATH BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION O	SIVEN IN P	ART 1(a) 1	PERFO	AUTOPSY PRMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY	OCCURRED. (E	nter noture of injury in	Port I or Por	t II-af item 18.)			- 7	
	MEDICAL EXAMINER)										
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	r 20d. INJ	URY OCCURRED	20e. PLACE	OF INJURY (Home, farm	n, 20f. (City	or town)		(Caunty)		(State)
Hour a.m.	19	While	Nat while at wark	factory,	street, affice bldg., etc	:.)			(,,		(0.0.0)
			70 36	ADOM	F9 00)		-0			
20	at I attended the MARCH)		. 19 50 ta 29	MARCH	. 19	50, that	I last so	ow the	deceas
alive an_ = = = = =	PARIOR	., 19 58	and tha	t death oc	curred at 2:35	M, fran	n the causes	and an	the da	te state	ed abov
1.07141	700000	, 4	1)			ADDRESS (S	treet, city ar tow	n, state)		DA	ATE SIGN
SIGNATURE T	.y. yall	Man	Who have		U.S. NAVA	L HOSE	PITAL B	ETHES	SDA, I	MD.	
PHYSICIAN'S	0 0										
NAME (Type) R	.G. GALBRA	ITH I	T MC US	N	U.S. NAVA	L HOSE	ITAL B	ETHES	DA, I	MD.	
220. BURIAL, CREMATION	N. 226. DATE THEREO	F	22c. NAME OF CEN	AETERY OR CR	EMATORY	22d. LOCA	TION (City, tawn	, ar caunt	y)	(Stote	e)
BURTAL	14-1-58	1			AL PARK				AROLI		
23. FUNERAL DINESTON	SIGNATUR	la-	WARESING		C. 240 REC'	D RY REGIST			PLICATION		
W. W. CHAMBE	RS CO. 140		PIN ST. N		DATE AF	PR 7	58 100	HELL	DUCK!	T1 16-	
ATTRITUTE	TO TO	- ATTUIT	VI o L V	. 11 .	DATE THE						

CARLOLD C. 12 testina time on tea . St. or . FUR. SIVIZIDAIN . S. C. LAD SERVER COME OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3530

CERTIFICATE OF DEATH

Reg. Dist. 03493

o. COUNTY			ABVIAND	2. USUAL RESIDENCE (W	here decease	d lived. If instituti b. COUNTY		before odm	issiun j
	ontgomery		ARYLAND	Virg					
b. CITY OR TOWN (I	f outside corporate limits,	write c. LENGTH OF \$1	TAY IN 16	c. CITY OR TOWN (IF	outside corpo	rate limits, write f	RURAL and give	e nearest to	wn)
	ria Kensingt	on Life		Alexandr	10		83 X	. 3	
	'AL (If not in hospital, give			d. STREET ADDRESS	As E. L.			e. IS R	ESIDENCE
Kensingto		Nursing Ho	omo	3000 McCor	mag A	TTO		YES	A FARM?
	SIDWIN First		ddle		4. DATE	Mor	- 41		
DECEASED (Type or print)	AND SECTION	Hayden	G	7665	OF DEATH	Mor) - 1	Doy 7-	1958
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MA	RRIED	B. DATE OF BIRTH	2-19-0	9. AGE (In years lost birthday)	Months Do		
Male	White w	DIVO	RCED 🔲	April 3 18	373	74 yrs.	months Do	ays Hour	Min.
a. USUAL OCCUPATIO	ON (Give kind of work don	e 106. KIND OF BUSINES	S OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign c		12. CITIZE	N OF WHA	AT COUNTR
Retired	king life, even if retired)			Washing	ton	D C		TISA	
, FATHER'S NAME				14. MOTHER'S MAIDEN		Lalla		UDA	
	TI	1-1							
	Hayden Gi		110 117 "	Helen As	shby				
es, no, or unknown	R IN U. S. ARMED FORCES	(0)				Add	Ale	exand	ria,
no		577-03-70	Olda.	Mrs. Franc	ces P	rowse		Crest	
	ATH [Enter only one couse ITH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line for (a), (b), and	2			1 1'		ONSET AN	D DEATH
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mmediate	per line for (a), (b), and Or em Terioselem	2	andiovascul	zrteu	al dise		24e	2rs
PART I. DEA 444 & X Conditions, if a gove rise to i couse (o), stoting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mediate the under: (c)	Vr em i Herioselen	he ca				ve.	24e	2rS
PART I. DEA 4444 X Conditions, if a gave rise to i couse (o), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mediate the under- HER SIGNIFICANT CONDIT	Or emily terioselem	he Co	and ovaseul	MINAL DISEAS	E CONDITION GIV	ve.	2 ye	2rS
PART I. DEA 4444 X Conditions, if a gave rise to i couse (o), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Only, which the under- HER SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	Or emily terioselem	D DEATH BUT	NOT RELATED TO THE TERM	Port I or Par	E CONDITION GIV	ve.	2 ye	2rS
PART I. DEA LA LA LA LA Conditions, if a gave rise to i couse (o), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m. p. m. 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO ONLY, which IMMEDIATE CAUSE (o) DUE TO (c) HER SIGNIFICANT CONDIT AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year	IONS CONTRIBUTING TO b. DESCRIBE HOW INJUR 20d. INJURY OCCURRED While Not while of work of work ceased fram	DEATH BUT IN OCCURRED	NOT RELATED TO THE TERM O. (Enter nature of injury in	Port I or Par m, 20f. (City	till of item 18.) or town) 7 1951	VEN IN PART II	2 ye (o) 19. WA. PERI YES [S AUTOPSY ORMERS (Stole)
PART I. DEA Conditions, if a gave rise to i couse (o), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m. p. m. 21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO TO THE SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year 19 The significant condition of the death of the dea	IONS CONTRIBUTING TO b. DESCRIBE HOW INJUR 20d. INJURY OCCURRED While Not while of work of work ceased fram	DEATH BUT IN OCCURRED TO THE STORY OCCURRED	NOT RELATED TO THE TERM C. (Enter nature of injury in lory, street, office bldg., etc., 1956, to., accurred at 6.25 M.D. 370 Conduction of the long	Port I or Port m, 20f. (City c.) PM, from ADDRESS IS 220. LOCA	till of item 18.) or town) 7 1951	VEN IN PART I (Cou	2 ye 2 ye (a) 19. WA. PERI YES [Inty) st saw the date sta 3 -7	S AUTOPSY ORMERS (Stole)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PROCTOR: After this certificate has been signed by the attending physician and campletely filled in bracke funeral director, page 3 share detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and hauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours office death.

VS A15 (4) 15M 9/55 Antonisten he can course lanter of the ere

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3531 CERTIFICATE OF DEATH

Reg. Dist. No.3 494

1. PLACE OF DEATH a. COUNTY Mon	tgomery		MAR	YLAND	2. USUAL RESI		here deceased	lived. If instituti b. COUNTY Prin	on: Residence			ian)
b. CITY OR TOWN (If outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If	outside corpoi	ate limits, write R	URAL and g	ive nea	rest town	1)
Bethesda			20 days		Hyatt	svil	le	1615.3	2			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, o	give street	address)		d. STREET A						e. IS RES	SIDENCE FARM?
The Clini	cal Center	. Bet	hesda 14,	Md.	5207	57th	Avenue	9				NO [3
3. NAME OF DECEASED	Fi	rst	Middle		Los	t	4. DATE	Mor	nth	Doy	у	Year
(Type or print)		ary	Guy		Gieng	ger	DEATH	Ma	rch	25		1958
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED K	B. DATE OF BIRT	Н		9. AGE (In years lost bigthday)	IF UNDER Months		-	1
Male	White	WIDOW	ED DIVORCE	0	May	20, 1	1941	16 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	ar foreign ca	untry)	12. CITI	ZEN O	F WHAT	COUNTRY
None			None		Mary	rland			J	J. S	. A.	
13. FATHER'S NAME				100	14. MOTHER'S	MAIDEN I	NAME					
Guy Gieng	er				Anna	Maie	e Edmu	nds				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. 1	NFORMANT TH	ne Med	dical I	Record Add	ress			
No			None	T	he Clini	cal (Center	Bethes	da 14.	Ma	rvla	and
Canditions, if a gove rise to i cause (a), stating lying cause last.	mmediate ()	CONTRIBUTING TO DE	My	reloge	no.	ve y	Tonke	wa	1	4	ear
ICATI			CRIBE HOW INJURY O						EN IN PARI	1(0) 13	PERFO	RMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CARDE HOW HOOK! C	CCORRE	J. (Liner notore o	i infory in	7011 1 01 1 011	is of frem 15.2				
ZOC. TIME OF INJUS Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. I While at war		20e. PL/ foo	ACE OF INJURY (stary, street, affice	bldg., etc	:.)			ounty)		(Stote)
actual signature Physician's NAME (Type)	part I attended the parch 25 Dane R. E	R loggs	Bonn, and that	death	The C Natio	4:50I linio nal	M, from ADDRESS (SHEEL) Cer Cal Cer Institu	ites of yland	and on the store)	ie dat	e state	deceased ed abave ATE SIGNED 6/58
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	3/28/5				hington			ION (City, town, o	p. d		(State	e)
23. FUNERAL DIRECTOR			ADDRESS			24a. REC'	D BY REGIST	RAR 24b. REGIS	STRAR'S SIG	NATUR	E	-1-17
r. Gas	ch's Sens	H;	yattsville	e, Me	de	DATE MA	AR 3 1 '5	8 11919	Locus	1/4-		

8561 18 8VV.

CHATTERCATE OF DEATH

the property of the control of the c

Pumphrey

Bethesda

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 10/57

FIC	ATE OF D	EATH				Reg. Dist	. No.	349	5
LAND	2. USUAL RESID		land		If institution.	Mon t			
IN 1b	c. CITY OR T	OWN (If or	utside corpo	orate lin	nits, write RI	URAL and gi	ve neo	rest town	n)
	11	Bethe	sda						
	d. STREET A							e. IS RES	FARM?
	4617	S. C	hels	ea	Lane				NO []
GI	ESEKINO		4. DATE OF DEATH		Marc		Do		Yeor 19 58
D	B. DATE OF BIRTH	1		9. AG	E (In years birthday)	IF UNDER 1	YEAR	IF UND	ER 24 HRS.
	Oct. 9	, 18	73		yrs.	Months	Days	Hours	Min.
R INDU	STRY 11. BIRTHPL	ACE (Stote of	or foreign c			12. CITI	ZEN O	F WHAT	COUNTRY
13	Was	hing	ton,	D.	C.	U.	S		
46	14. MOTHER'S	MAIDEN N	AME						
15	Eli	zabe	th A	ddi	son				
	NFORMANT	0.			Addi		11	2	
Mi	ller W.	Gies	ekin	g		Ite	m#	2	
]				315			INTE	RVAL BE	ETWEEN DEATH
rus	1	hm	lose	0/		-		100	lus
_ <		tun	-/						
300	enter &	tun.	20/	a	use			10 1	YRU
ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	SE CON	DITION GIV	'EN IN PART	1(0) 1	9. WAS PERFO YES	
CCURRE	D. (Enler noture o	f injury in P	ort I or Por	rt II of i	item 18.)			T.	
20e. PL fa	ACE OF INJURY (I ctory, street, office	Home, form,	20f. (Cit	y or tow	vn)	(Ca	ounty)		(State)
en	, 1953	, to(non	5	. 1950	Lithat I le	ost so	w the	decease
death	occurred of	3 <i>p</i>		m the		and on th		te stot	
	м.в. 801	/				n Rd.		3-2-	1
	Bet	hesd	a, M	ary	land				
ETERY C	R CREMATORY		22d. LOCA	TION (City, town, o	or county)		(Stot	le)
1		11	Was	shir	eton	. D.	C.		
		240. REC'E	BY REGIS			STRAR'S SIG	NATU	P.	
Mar	rvland	DATE	MR 5	'58	Ul	I. Led	W	1	

DECEDAED

X

MARYL	AND	STATE DEPARTM	NENT OF HEALT	H-BAI	LTIMORE, 1	8				
3	53.	3 CERTIFIC	ATE OF DEAT	Н		Reg. D	ist, No	124	30	
rv		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland		ed lived. If institution b. COUNTY				ion)	
le corporate limits	, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corp	orate limits, write R	URAL ond	give ned	rest town	1)	
12 hrs.			X Burtonsville							
not in hospital, giv	e street	address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
unty Gen	eral	Hospital	Old Columbia Rd.							
First		Middle	Last	4. DATE	Mon	th	Do	у	Year	
Lut	her	H	Gladwell	DEATH	Marc	ch	21		19 58	
OLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	8. DATE OF BIRTH			RIYEAR	R IF UNDER 24 H		
White	WIDOW	DIVORCED	3/11/75		last birthday) 83 yrs.	Months	Days	Hours	Min.	
re kind of work do	ne 10b.	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (State	or foreign	country)	12. CI	TIZEN C	F WHAT	COUNTRY	
etired)	C	arpenter	Virgini	a			ISA			

Monte	gomery	MARTLAND	Maryland	0. 200111	Montgomery
b. CITY OR TOWN	(If oulside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write R	
Olner		12 hrs.	× Burtonsv	rille	
	TAL (If not in hospital, give stree		d. STREET ADDRESS		e. IS RESIDENCE
	County Genera	1 Hospital	Old Colum	ibia Rd.	ON A FARM? YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Mor	nth Day Year
(Type or print)	Luther	Н	Gladwell	OF DEATH Mar	
. SEX			8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male		VED DIVORCED	3/11/75	last birthday) 83 yrs.	Months Days Hours Min.
o. USUAL OCCUPATION	ON (Give kind of work done 10)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTR
Carpenter	king life, even if retired) (Retired)	Carpenter	Virginia	a	USA
FATHER'S NAME		042 5 011 00 1	14. MOTHER'S MAIDEN N		J ODA ,
Tzar G	ladreall		Amida Gl	oduell .	
. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. II	NFORMANT	Add	ress
res, no, or unknown)	(If yes, give war or dates of service)	069-22-3648 MI	ne Della Doda	son, Granddaug	
IB. CAUSE OF DE	ATH [Enter only one couse per		P. Detta Dogs	on, Granddaug	INTERVAL BETWEEN
	ATH WAS CAUSED BY:	1- 1-	lovet Foll		ONSE AND DEATH
		20068/111 1	man very	16.78	Ohio
420.0	DUE TO	1. CH. A	in to see los	10 + 1 ·	2VY
Conditions, if a		11/5/10-	scick of ic	Mari gire	20 62
couse (o), stoting					
lying cause lost.	(c)				
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	2 (12 miles - 17)				YES NO
20g. ACCIDENT W	AS UNDERLYING (1) 20b. DE	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	art I or Part II of item 18.)	
	MEDICAL EXAMINER)				
20c. TIME OF INJUS			ACE OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJUS Hour a. gr. p. m.	19 While	e Not while fac	story, street, office bldg., etc.		
		40 00 1	100	-	
A CONTRACTOR OF THE PARTY OF TH	not I attended the deceo		, 1953, to		,that I last saw the decease
olive on	18	2 X, ond that death	occurred of \$25_£	M, from the couses of	and on the dote stated above
ACTUAL	J Mil	fort and		ADDRESS (Street, city or town,	state) DATE SIGNI
SIGNATURE	Par ax	6.00	M.D		2168
PHYSICIAN'S		_		1	- 2
NAME (Type)	C. H. Ligon, M	1. D.	Sandy S	Spring, Maryla	na
REMOVAL (Specify)	N, 22b. DATE THEREOF	22c NAME OF CEMETERY OF	R CREMATORY	22d TOCATION (City. Jown,	or county) (Stote)
Burlal	March 24, 1958	Washiritin /a	unal Cemetery	Duilland	/Kuryland
FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS AL 24	110 240. (EC.)	BY REGISTRAR 246, REGIS	STRAR'S SIGNATURE
Withur W	Iallins 254	arrall IN MI	DATE	2 4 58	-educh

CERTIFICATE OF DEATH

STATE OF STATE OF DEATH

STATE OF STATE OF DEATH

STATE OF STATE



8361 FZ UVV.

DECENTED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3462 CERTIFICATE OF DEATH

	3462 CERTIFICA	ATE OF DEATH Reg. Dist. No. 3497
	1. PLACE OF DEATH o. COUNTY On 4 OMEY A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Mary / Ma
	b. CITY OR TOWN (If putside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	3. NAME OF THE First OF Middle AD	18510 Greenwood Ave YES NO 18
	(Type or print)	OF DEATH March 6 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE, OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5-4-10 Months Days Hours Min.
	10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	
	13. FATHER'S NAME	Indiana U.S.a.
	Frank Petty	Mary G. Hartman
	Yet, no. or unknown If yes, give wor or dated of service	STORMANT Address Jakoma Park, M.
	18. CAUSE OF DEATH [Enter only one cause per line for jo), (b), and (c).]	orge 3 Goodman 83/0 Greenwood Que
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	re least fulure ONSET AND DEATH
	260 X DUE TO 100 101	- 1- phi+
	Conditions, if any, which gave rise to immediate DUE TO	s mellin
	couse (a), stating the <u>under-</u> lying couse last. (c)	
L	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while of work of work / 19 of work / 19	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 57/5	1958, to 3/6/ 1958, that I last saw the deceased
	alive on 9, 1938, and that death	the place stored above.
	SIGNATURE TO W Nothing	ADORESS (Sfreet, city of town, state) DATE SIGNED
	PHYSICIAN'S Chas H. WoloHON	300 Underwood, St NW,
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL SPECIFY MAR. 10.1958 GATE OF	CREMATORY 22d. LOCATION (City. town, or county) (State) HEAVEN WHEATON. MY
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS N N TALTAVULI 3603 14	SYNIN DATE DATE DATE
E		MAD 1 0 150 1 800 1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE IS

SES! OI AAM

BUREAU V. S.

VS A15 (4) 15M 10/57 50

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03498

3334					Keg. Dist. No.					
1, PLACE OF DEATH o. COUNTY	Montgomery		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Illinois	ere deceased (ived. If instituti b. COUNTY		before admiss	ion)
b. CITY OR TOWN (RURAL ond give n	(If outside carporote limits	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside corporo	te limits, write R	URAL ond gir	ve nearest town	1)
Bethesda			67 days		Champaign		51x.	. 3		
	TAL (If not in haspital, gi				d. STREET ADDRESS	-				FARM?
	cal Center,		hesda III, I	Md.	1610 Sanga		ive		YES [NO X
3. NAME OF DECEASED (Type or print)	fin Kar		Middle Eitel		Goodman	4. DATE OF DEATH	Man			Yeor 1958
5. SEX Male	7.72 * 4	7. MARR	ED DIVORCE	-	June 8, 19:		AGE (In years last birthday)		YEAR IF UNDE	R 24 HRS. Min.
10a. USUAL OCCUPATI	ON (Give kind of work d	one 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign cou	ntry)	12. CITIZ	ZEN OF WHAT	COUNTRY
Contract S		U	.S. Governm	nent	Illinois			1	U.S.A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
Ernst Goo	dman				Mina Gun	zbergh	er			61.0
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO	. 17. IN	FORMANT The Med:	ical Re	ecord Add	ress		
No			34-18-4646	Th	ne Clinical Co	enter.	Betheso	ia lli.	Maryla	nd
204,3 Conditions, if a gove rise to cause (o), storing lying cause lost.	the under-		aux	. 7	lyngshoegt	ie I	leupes	we k		
CATIC					NOT RELATED TO THE TERMIN			EN IN PART	PERFO	NO [
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	TRIBE HOW INJURY OF	CCURRED	. (Enter noture of injury in P	ort I ar Part I	l of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19	While of work	Not while	20e. PLA foci	CE OF INJURY (Home, form, lory, street, affice bldg., etc.)				ounty)	(State)
actual signature Physician's NAME (Type)	Roger Leste	, 19 / or, 1	58, and that	death	The Clinic The Nation Bethesda	AM, from ADDRESS (Streets) Cal Cer Tal Ins Lli, Mar	the causes of et, city or town, ater stitutes	and on the state)	e date state	ate signer
REMOVAL (Specify)	3/10/58	3				Chic	cago T	llino	is	
23. FUNERAL DIRECTOR			ADDRESS		24g. REC'D	BY REGISTRA	R 24b. REGI	STRAR'S SIGN	NATURE	
Robert A	. Pumphrey	y-Be	thesda, Mo	d.	DATE	1 2 '58	1802	10 B	,	

BUREAU K. E.

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BECEINED

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3535 ICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 3499

0,0	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	MINTAINE MARYLAND	o. STATE mel b. COUNTY man to							
	b. CITY OR TOWN (If outside proporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aulside carporale limits, write RURAL and give nearest lown)							
	and give nearest fown)	X B. Theads							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE							
0	4740 Bradley Blod	4740 Breedly Blad, YES NO D							
	3. NAME OF DECEASED (Type or print) Print Middle	Lost 4. DATE Month Day Year OF DEATH March 2 1958							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.								
	male WIDOWED DIVORCED	3-24-84 73 yrs. Months Days Hours Min.							
6	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) Neurobushors	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	who smith you have	Phys 1-10 - The Can							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? No. SOCIAL SECURITY NO. 17. IN	IFORMANT Address							
	(Yes, no, or unknown) Iff yes, give war or dates of service)	Process March Aren L. O. C. (1)							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
	IMMEDIATE CAUSE (0) Cornary as	Cluser sudden							
	Had, DUE TO								
	Conditions, if any, which gove rise to immediate couse								
	(o), stating the underlying DUE TO								
	couse lost. (c)								
2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
4	3	YES X 1929 MAX							
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS 201. DESCRIBE HOW INJURY OCCUPRED. (EI CAUSE OF DEATH.	nter nature of injury in Part I or Parl II of item 18.)							
		E OF INJURY (Home, form, 20f. (City or town) (County) (State)							
	Hour a. m. P. m. 19 Of work of work	rry, street, office bldg., etc.)							
	21. I certify that I took charge of the remains described obove, held an Autopsy , Inspection , Inquiry , and in my								
	opinion death resulted from: Natural causes X, Accident C, Suicide C, Hamicide C, Undetermined monner								
	SIGNATURE Trank l. Brosstrait	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED							
7	John Marian Comment	ASSISTANT MEDICAL EXAMINER							
4	EXAMINER'S FLANK J. Broschart	DEPUTY MEDICAL EXAMINER 2 3-2-58							
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d, LOCATION (City, town, or county) (Stote)							
1	Cremation 3/3/58 Cedar Hill	Suitland, Maryland							
X	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE							
12	Robert A. Pumphrey-Bethesda, Md.	DATE MAR 5 '58 Whiteduck							
		ALLE							

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral 4 should be greated to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL COOK: Page 3 should be used as a burial-transit permit. Fire Tagges 1 and 2 with the State if are festignated agent, prior to burial, cremation, or removal, and in any frent within 72 hours after death. VS. A15ME 5M 2/57

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	physician and campletely filled in by funeral director.	emave carban papers. Pages 1 and 2 Juld be filed with	-
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 3536

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1. PLACE OF DEATH a. COUNTY MONTGO	MERY		MARY	AND 2.	USUAL RESIDENCE (W	here decease	d lived. If institut b. COUNTY	ion: Residenc	DRIA	odmission)
BETHESDA	f outside carporate limearest tawn)	ts, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF		orale limits, write l	RURAL and g	give neares	it town)
d. NAME OF HOSPIT OR INSTITUTION U.S. NAVAL	AL (If not in hospital, s HOSPITAL, 1				d. STREET ADDRESS 1210 JANNE	EYS LAI	NE			IS RESIDENCE ON A FARM? 'ES NO A
3. NAME OF DECEASED (Type or print)	SYDNIE	's†	ARTHUR Middle	GR	Losi EENLEAF	4. DATE OF DEATH	Moi 3	nth	Doy 22	Yeor 19 58
s. sex M	6. COLOR OR RACE	7. MARR	DIVORCED		1-10-1878		9. AGE (In years last birthday) 79 yrs.		-	UNDER 24 HRS
during most of work U.S. NAVAL	cing life, even if refired	dane 10b.	U.S. NAVY	RINDUSTRY	NEW JERS		ountry)	12. CITI	U.S.	WHAT COUNT
13. FATHER'S NAME ENOCH GRI	EENLEAF			1.	AMINE I					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of t		SOCIAL SECURITY NO.	17. INFO	MANT Y W. GREENI	EAF 12	ALEXANI 210 JANNI			
Conditions, if a gave rise to it couse (a), stating lying cause last.	the under-	AR	TERTOSCLERO	TIC H	EART DISEAS		E CONDITION GIV	VEN IN PART	1	WAS AUTOPSY PERFORMED? ES NO [
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye	or 20d. IN	Not while	20e. PLACE	of the office of	m, 20f. (City		(C	aunty)	(State
21. I certify the alive on 22 J ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R.	March G. Galbrai	decease , 12 : 	r.LT,MC,US	M.D.	U.S. Naval	AM, from	n the causes of treet, city or town, ital, Bet	and on the state)	, Må	stated above DATE SIGN
220. BURIAL, CREMATIO BURIAL (Specify)	3-25-58)F	ARLINGTON,		ONAL	ARL	TION (City, town, LNGTON V)	RGINI		(Stote)
CUNNING HAM	CAME	RON A	AND ALFRED		EXAMDIL PALE	MAR 2	RAR 24b. REGI	STRAK'S SIG	MATURE	
				VIRG	LIVLA	. A.A. W.				

VS A1S (4) 15M 10/57

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	ute:	Summer Live
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YEARS, 1951		1
		WARRING TOOLS

BURKAU V. R.

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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND D. C. Montgomery b. CITY OR TOWN (if outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Bethesda Washington davs d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Suburban Hospital 22nd Street, N.W. YES NO K NAME OF First Middle 4. DATE Month Day Yeor DECEASED Greenstreetorath March Benjamin (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS October 16, 1874 Months Days White Haurs Male WIDOWED F DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Reyburg, Fessex Country 12. CITIZEN OF WHAT COUNTRY Retired-Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME rebecca hewis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Benjamin Federas ReenstRei Hospital Record SON. Add Ress 38 11- Everettst. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." Kensington ud. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 446X DUE TO acterisis - Man Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street_effice bldg., etc.) a. m at work of work 19.5 Z, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S AUL N. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State) 58 Cedar Hill Cemetery Suitland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE

I director, filed with Poge hours ofter death. unerol D ond in ofter certificate hours remove attending d that the by permit. OR: 0 4 shoul registror TO FUNERA VS A15 (4) 15M 10/57

(1-4-1 Samue AN Colon galance -) of halls 7 AAM Com appy Taylor Com

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

		o. COUNTY MO	ntgomery	MARYL		ryland	osed lived. If instit b. COUN	TY TO	dence before admission) Iontgomery				
	t		f outside corporate limits, write RURAL	c. LENGTH OF STAY IN	1 1b c. CITY OF	TOWN (If outside co	rporate limits, write			J			
0		8201 Old	Georgetown I	in hospitat, give street address) Road		Old Geor	getown R	oad	ON	ESIDENCE A FARM?			
		NAME OF DECEASED (Type or print)	JAMES First	RICHARD	GRIES	OF	March		Doy Y	7eor 9 58			
	5. S M	sex Iale	1 W/hito	ARRIED NEVER MARRIED OWED DIVORCED	A 10		9. AGE (In years fost birthday) 57 yrs.		YEAR IF UND	ER 24 HRS. Min.			
)	0	during most of working lectrical	ig life, even if relifed)	Ob. KIND OF BUSINESS OR IN Vet. Adm.	Mary		country)	US.	EN OF WHAT	COUNTRY			
1	13.	Charles	A Griest			MAIDEN NAME	e Stale	7					
	[Yes	WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Miriam (Address						
		The real Property and the second	TH [Enier only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (a), (b), ond (c).] oronary Occlu	sion				INTERVAL BETWOMSET AND DE	ATH			
	7	Conditions, if o gave rise to immed (a), stating the cause last.	ny, which diate cause underlying DUE TO	Hypertension					years				
0	CERTIFICATION		of previous h					VEN IN PART	1(o) 19. WAS PERFO	RMED?			
		20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)											
	MEDICAL	Hour o.m.		20d. INJURY OCCURRED 20e. While Not while of work	PLACE OF INJURY (I factory, street, office		y or town)	(Coun	(y)	(Stole)			
				he remoins described at causes 🔼 . Accide		-	Inspection 🔼 e 🔲, Undete	Inquiry		d in my			
5		ACTUAL SIGNATURE	Frank J. B.	workant	M.D.	MEDICAL EXAMINER	511 TH		DATE S	IGNED			
or.		EXAMINER'S F	rank J. Bros	chart		MEDICAL EXAMINER		3	/23/58	}			
		BURIAL CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR	3/26/58	Cedar Hi	or crematory		the residence of the last of t	or county) Nary STRAR'S SIGN	(Slore	•)			
	F	Robert A	. Pumphrey	Bethesda, M	aryland	DATE MAR 2 6	'58 QU	Letin	eh				

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be "Acaded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Residual pendit, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

DARY AND STATE DEPARTMENT OF HEALTH-EALTHORE.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03503 CERTIFICATE OF DEATH Reg. Dist. No. filed with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND ONTGOMER 4 0 N' 740 m 2 R. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) ploor MINUTES AKOMA d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO [] VAS HIMOTON MNITARIOIM E 5 NAME OF 4. DATE First Middle Year Last Month Day filled DECEASED OF DEATH MARCH NMN Pages MMIE 1958 (Type or print) DE B. DATE OF 1886 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS completely Months Doys corban popers. WIDOWED A DIVORCED [10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own home ASHINGTON puo TWSF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician om 1230 17. INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address LWASH (If yes, give wor or dates of service) offending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cule 10 day IMMEDIATE CAUSE (o) **DUE TO** à ony Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underpuo lying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING [7] 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) certificate OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Dov. Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 1958, that I last saw the deceased 1958 21. I certify that I attended the deceased from 100 A.M., fram the causes and an the date stated above. Q and that death accurred at CTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL retained PHYSICIAN'S NAME (Type) FUNER m 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) YOU Rock Creek Cemetery Washington, D. C. 0 THE REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE

Page

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VS A15 (4) 15M 9/55 BUREAU K. 8361 31 UV

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	3539 CERTIFICATE OF DEATH	Dist. No. A FA
	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of the country of t	sidence befor Admission
	b. CITY OR TOWN (If outside corporate limits, write RURAL on give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL of ERMANT OWN) C. CITY OR TOWN (If outside corporate limits, write RURAL of ERMANT OWN)	
74	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SUBURGAN HOSPITAL ON TE	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) BABY BUILDANNO OF DEATH MARCH	23 -d 19 58
	MALE COLONA WIDOWED DIVORCED MARCH 22 958 lost birthdoy) Mont	DER TYEAR IF UNDER 24 HRS.
I	during most or working life, even if refired) MARYLAND	CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME NOT GIVEN 14. MOTHER'S MAIDEN NAME LUCILLE VIRGINIA	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unknown) (If yes, give wor or dates of service) Address	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Desperatory Massifficiency	INTERVAL BETWEEN ONSET AND DEATH HOMMA
	Conditions, if ony, which gove rise to immediate (b) Gilateral procumotheres.	40 min
	lying couse lost. (c) Ruptured pleasal blelo	40 min
2	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work ot work ot work 19 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased from March 12 of, 1958, to hard 23, 1958, that alive an march 23, 1958, and that death occurred of 130AM, from the couses and a	t I lost saw the decease
	ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)	DATE SIGNE
	PHYSICIAN'S Dr. James S. Stanton 809 Viers Will Rd. A.	ckille Mo
(20. BURIAL, CREMATION, 22b. DATE THEREOF, REMOVAL (Specify) 3-24-58 Suburban HOSP. BENEFORD	(Stole)
B	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE DATE	SIGNATURE
de	2021 121 121 115	

BUREAU V. K.

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DECENAED

03505 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH e. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF DATE DECEASED OF (Type or print) DEATH 22 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthdov) Months Days Hours WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate couse DUE TO (o), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TO Marco Corryth 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Exter nature of injury in Part I or Part/II of item 18.) PRIMARY OF CONTRIBUTING 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) While Not while 0. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy \(\pi\). Inspection X, Inquiry A, and find that Accident , Suicide , Hamicide , Undetermined cause . death resulted fram: Natural causes X. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 158 25 Rurial ington National Arlington 246 REGISTRARIS SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE MAR 2 4 58 Betheesda, Maryland A. Pumphrey Robert

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VS. A15ME(5)

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MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BEGE! PS HAM

BUREAU V. E.

81 370 MINIAS - CAUSING OF THE MINISTERS OF THE STATE OF RYAND TO STADERING OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 35

540	CERTIFICATE	OF	DEATI

	- 19	03	5436
Reg.	Dist.	No.	215

	0020						MAR' DISI	. 140.	. /
1. PLACE OF DEATH o. COUNTY MON	TGOMERY	MARYLAN	- 1	USUAL RESIDENCE (WE o. STATE Washin		ived. If institution b. COUNTY	D. C		ission)
b. CITY OR TOWN (I	If outside corporate limits, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	outside corporol	le limits, write RI	JRAL ond gir	ve nearest to	wn)
RURAL ond give no Bethesda	(Rural)	34 Days		Wash:	ington,	D. C.	4	-7x	3
OR INSTITUTION	TAL (If not in hospital, give stree Hospital, Bet		2	d. street address 2755 Macomb	St., N	. W.		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Blanche	Middle Thyson	HAI	tost RRISON	4. DATE OF DEATH	Mon		Doy 30	Yeor 19 58
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. D	ATE OF BIRTH	9.	AGE (In years		YEAR IF UN	DER 24 HRS.
Female	Caucasian WIDOW	/ED DIVORCED		June 1, 1886	0	lost birthdoy) 77 yrs.	Months D	Doys Hour	Min,
10a. USUAL OCCUPATIO	ON (Give kind of work done 10bking life, even if retired)	KIND OF BUSINESS OR IN				ntry)	12. CITIZ	EN OF WHA	T COUNTRY?
Housewife		None		Washingto	on. D.	C.	U	. S. A	
13. FATHER'S NAME		21000	1	4. MOTHER'S MAIDEN I					
Hermanus C	eorge THYSON			Susan DEW	DNEA				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 1	7. INFO		DIM I	Addr	ess		
No	(If yes, give war or dates of service)	None	Pau.	Lus THYSON	(Bro) 4	405 Har	ison	St., W	lash.,D
	ATH [Enter only one couse per I							INTERVAL I	BETWEEN
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0) Ext	ension of Myo	card	ial Infarct	tion			ONSET AN	S
4 20.1	DUE TO								
Conditions, if o	ny, which) (b) Cor	onary Artery	Dise	ease				10 yr	S
gove rise to i									
lying couse lost.	(c)								3 17610
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART I	1(o) 19. WAS	AUTOPSY
3 General	ized Arteriosc	lerosis							ORMED?
PART II. OTH General 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in f	Port I or Port II	of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d. While of wo	NJURY OCCURRED 20e	PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	20f. (City or	lown)	(Cod	unty)	(Stote)
21. I certify th	at I attended the decea	sed from Feb 25		, 1958 , to Ma	r 30	1058	that I la	et com the	dososad
alive on Mar		and that de	and ac	curred a 9:50 F	M from (ha causas a	, mar i ia	SI SOW THE	e deceased
	1 100	0 1	giii de			t, city or town, s			DATE SIGNED
ACTUAL SIGNATURE	redent	salvay	44.0	U.S. Naval					-31-58
V			M.D.		MODPIO	<u> </u>	coda	FB01	
PHYSICIAN'S NAME (Type) F	. S. CALDWELL I	LT MC USNR							
22o. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCATIO	N (City, town, o	county)	(Sto	ote)
Burial	April 2, 195	8 Arlington N	Vatio	onal Cemeter	ry Arl	ington		Va.	
23. FUNERAL DIRECTOR	S SINNATURE	ADDOFFE			D BY REGISTRA		TRAR'S SIGN		
Joseph Car	Her's & Sons	1756 Penna Av	re M	J. WINC DATE PR	3 '58	Rech	educ	4	

.a. .d. Aren and a second and a the way to be the second of th THE WORLD OF STREET THE TANK OF THE CARD HAVE BEEN MINES BUREAU V. S. SCSI & APA Indianal Levil MINE OF THE STREET, SET USED

D		3465 CERTIFICATE OF DEATH Ros. Dist. No.
M		PLACE OF DEATH D. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution, Residence before admission) b. COUNTY Montgomery
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A Compa C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A Compa C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
75		Nashington Sanitarium ay Hospital 1 6902 Sycamore Ave. VES NOD
		DECEASED (Type or print) Carlyle Bounton Haynes DEATH March // 1950 SEX 16. COLOR OR RAGE 17. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH
	10c	Male winte widowed Divorced 5-24-82 lost birthdoy) Months Days Hours Min. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT
	7	during most of working life, even if retired) Hinister FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	15. (Y•	Samuel Haynes WAS DECEASED EVER IN U. S. ARMED 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED 16. SOCIAL SECURITY NO. 17. INFORMANT JANGHOUND 1. Ill vos. give wor or delle of security Address
	-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONE of AND DEATH ONE of AND DEATH
		446 × DUE TO Generalized Rephra Schrain Zyn pl
	_	couse (o), stoting the under lying couse lost. (c) DUE TO Cathero Aclerasia Severel yr
2	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? Accident Was underlying 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item (IB.))
	AL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State
	MEDICAL	Hour o. m. p. m. While Not while of work of work of work
		21. I certify that I attended the deceased from 1957, 19, to 1957, 19, to 1957, that I last saw the deceased alive on 1957, and that death occurred at 1967. My from the causes and on the date stated about 1967. ADDRESS (Street, city or town, state)
1		SIGNATUR dymand O. West M.O. Washington Assistarium Jakoma Park Ml
	220	PHYSICIAN'S RAYMOND O. WEST. BURIAL CREMATION, 22b. DATE THEREOF 22 NAME OF CEMITERY OF CREMATORY (22 LOCATION (C) 10wn, of 10wn
	23.	FUNCES THE SUPERIOR S
M	4	J. When Walter; 254 Carroll Whin LUC DATE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3541 CERTIFICATE OF DEATH

3541

Reg. Dist. N.113508

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o. CMOntgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATE b. COUNTY Montgon	nery
b. CITY OR TOWN (If outside corporate limits, write Betnesda c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give ne Bethesda	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 7540 Hampden Lane	7 d. STREET ADDRESS 7540 Hampden Lane	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	ENNESSEY 4. DATE OF DEATH Month D DEATH MATCH 21, 195	ay Year 8 19
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Sept. 30. 1900 57 yrs. 5	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own home		OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<u> </u>
Marxhall Blaine Lytle 1s. was deceased ever in u. s. armed forces? 16, social security no. 17. 11	Katherine Herrick Modress Address	
(fts. no. or unknown) (ft yes, give wor or dates of service) None	Philip J Hennessey, same as 2	d
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. Conditions of the under-lying couse lost.	raf hemon hag	FERVAL BETWEEN ISET AND SEATH LOCAL LOCAL
None None		PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for Mour a. m. While Not while of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (County) (State)
21. I certify that I attended the deceased from 194 8 alive on 177, 194, and that death	n occurred at 2 12 PM, from the causes and on the de	
ACTUAL SIGNATURE CAMPAGE STREET	M.D. 1726 Eye S.W. N.W.	DATE SIGNE
PHYSICIAN'S NAME (Type) Edward J. Streelitz	Waltery tim DC	
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Cremation 3/25, 58 Cedar Hill	Crematory Suitland Maryla	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A Pumphress Bethesda Mar	240. REC'D BY REGISTRAR 2458 REGISTRAR'S SIGNATE	PRE

may be retained by the haspital ar attending physician.

TO FUNERAL DIFFCTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shault detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and be filed with the registrar proof to burial, crematian, or remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 1SM 10/57

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WAR 24 1958

BUREAU V. S.

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO Day Year 1958 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSEL AND DEATH da PERFORMED? YES NO (County) (State)

. 1958 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at_ 75 PM, from the causes and on the date stated above ADDRESS (Street, city or town state) DATE SIGNED

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Rock Creek Cemeterv

22d. LOCATION (City, town, or county) Washington, D. C.

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Burial

The S. H. Hines Co. Washington, D. C.

24o. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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Q	×	44	1	See	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, F	0	4	TO FUNERAL CCTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State if 1 of L	0	
1			×		

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03510 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	07-10						Keg. Dis	it. No.
1. PLACE OF DEATH	3343			2. USUAL RESIDENCE (W	Vhere deceased	lived. If institu	ution: Resider	nce before admission)
	gomery	MARYL	AND	o. STATE Mary.	land	b. COUNT	Mont	g.
b. CITY OR TOWN (If outside corporand give negret town)	orate limits, write BURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	outside corpo			
Chevy Ch	ase	5 yrs		× Che	evy Ch	nase		
d. NAME OF HOSPITAL OR INS	TITUTION (If not in	hospital, give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
3607 Chevy	Chase L	ake Dr.		3607 Ch	evy Ch	nase La	ake Di	YES NO NO
3. NAME OF DECEASED (Type or print) R	ita W.	Middle Hine	s	Last	4. DATE OF DEATH	Mar.		Doy Year 1958 19
5. SEX 6. COLO	R OR RACE 7. MAI	RIED K NEVER MARRIED	□ 8.	DATE OF BIRTH	9	. AGE (In years fost birthday)	IF UNDER 1	
female w	hite wibov	WED DIVORCED	וכ	May 23, 18	876	81 yrı.	Months D	Days Hours Min.
100. USUAL OCCUPATION (Give k during most of working life, eye HOUSEWII	ind of work done 10t n if retired)	. KIND OF BUSINESS OR IN	VDUSTR	Cal.	or foreign cou	ontry)		EN OF WHAT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME			
Gen. Wm	M. Wherr	У		Alice	e Gran	nmer		
15. WAS DECEASED EVER IN U. S	ARMED FORCES?	6. SOCIAL SECURITY NO.		FORMANT		Address		,,
No		None	A.	lice Cle	land (c	laughte	er) Sa	ames # 2
18. CAUSE OF DEATH [Enter PART 1. DEATH WAS CAUMMEDIAT		ne for (o). (b). and (c).] Angina Pect	or	is				INTERVAL BETWEEN ONSET AND DEATH SUDDENT
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE 10							
		contributing to DEATH ft hip Sept			NAL DISEASE	CONDITION GIV	VEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION CAUSE OF DEATH.	G 🖸 20b. DESC	RIBE HOW INJURY OCCURR	ED. (Er	nter nature of injury in Part	l or Port It of	item 18.)		
20c. TIME OF INJURY More Hour e. m. p. m.	W	d. INJURY OCCURRED 20e hite Not while work at work	PLAC facto	E OF INJURY (Home, form ry, street, office bldg., etc.)	20f. (Cily o	r town)	(Coun	oly) (Stote)
21. I certify that I too	k charge of the	e remoins described	abov	re, held an Autapsy	y 🔲, Ins	pection X	, Inquiry	ond in my
opinion deoth resulted	from: Natura	I causes 🔀, Accide	ent [, Suicide , H	Homicide [, Undete	ermined m	onner 🗌
ACTUAL SIGNATURE	and J.	Broschan	1	_M.D. CHIEF MEDICAL EX	AMINER			DATE SIGNED
EXAMINER'S NAME (Type) Fr.	ank J. B	roschart		ASSISTANT MEDICAL E	Talata.	C Ma	r. 7	1958
220. BURIAL CREMATION, 22b. C REMOVAL (Specify) Burial 3	/11/58	Arlingto		CREMATORY National	22d. LOCATIO	on (City, town, Lingtor	77.	(Slote)
23. FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS			BY REGISTRA			NATURE
Robert A. Pu	mphrey	Bethesda, N	lar	yland DATEMA	R12'58	1 au	Leau	ch

MARYLAND STATE DEPLRYMENT OF HEALTH, SANHHORE, MEDICAL EXAMINER'S CERTIFICAL'S OF SEATH

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BUREAU K. K.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

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ī	1. PLACE OF DEATH O. COUNTY MON FROM ENU MARYLAND	a. STATE O. STATE D. COUNTY D.
	B. CITY OR TOWN (If autside corporate limits, wife C. LENGTH OF STAY IN 16 RURAL and give neorest town) Of hey Congression	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest ywn) 7 Takoma Park
-	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Procke, Grove foundation	d street address 81027 croenwood Ave. o. Is residence on a farm? Miles Market Market
3	3. NAME OF First Middle DECEASED (Type or print) MANY Q. II	neland. Of DEATH March 12 1958
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. female White WIDOWED DIVORCED V	DATE OF BIRTH 1 4 1 867 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTE during prost of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A
Ī	J. M. Loughborough	14. MOTHER'S MAIDEN NAME HOW available
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF (Yes, no. or unknown) (If yes, give war or dates of service)	Kanl Koch
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 3 PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under. lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	or achine de de la
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port 1 or Port II of item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) (County) (State) (State)
	21. I certify that I attended the deceased from 9-13 alive on 11 march, 1958, and that death of	occurred at 10:4 P.M., fram the causes and an the date stated above. ADDRESS (Street, city or Jown, state) DATE SIGNED
	SIGNATURE DOS LEW SURLEM M. PHYSICIAN'S TO HN B. DIAC-L	o. Olney, mel 12 Woods
	220. BURIAL, CREMATION, PARTIE THEREOF, PREMOVAL (Secity) Mary 14, 258 GEORGE WASH	CREMATORY EN PROCESSA RECE (Stote)
1	23. Filheray Director's significant and ADDRESS TAMASIA. ADDRESS TAMASIA. ADDRESS TAMASIA.	DATE MAR 1 4 '58 CULL EQUEN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 e funeral director, may be retained by the haspital or attending physician.

TO FUNERAL DIFFCTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shault detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

MAR 14 1958

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03513

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1. PLACE OF DEATH				2.	USUAL RESIDENCE (V	Vhere decease			efare admiss	sian)
o. COOMIT	Montgomer	У	MARYLAN	ND	o. STATE Marvl	and	b. COUNTY	Montgon	nerv	
b. CITY OR TOWN (I RURAL and give no	If outside corporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF		orate limits, write R			n)
KOKAL and give in	Olney		6 days	5	6 9	ilver	Spring			
d. NAME OF HOSPIT	TAL (If not in haspital, s			1	d. STREET ADDRESS	TTAGE	phitns		e. IS RES	SIDENCE FARM?
Montgomery	County Ge	neral	Hospital,]	Ind.	1239 Coles	wille-	-Beltsvil	le Road		NO [2
B. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Man		Day	Year
(Type ar print)	Dian			netta	Jackson		Mar	ch 17	7	19 58
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D.	ATE OF BIRTH	1,2	9. AGE (In years last birthday)	IF UNDER 1 YE	_	
Female	Negro	WIDOWE	DIVORCED		March 11.	1958	yrs.	Months Day	Hours	Min.
Oo. USUAL OCCUPATION during most of world	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stot	e ar foreign	country)	12. CITIZEN	OF WHAT	COUNT
Newborn					Marylan			U.S	S.A.	24
3. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
Richard	John Jack	son		200	Margare	t Anne	Davenno	rt.		
5. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	17. INFO			Add			NI B
no.	(ii you give not or doing or	,			Hospita	1 Reco	mic			
	ATH [Enter only one co	ouse per lin	ne for (a), (b), and (c).]	(7)	1	i i i i i i i i i i i i i i i i i i i	11	NTERVAL BE	TWEEN
	TH WAS CAUSED BY:		Inter	小北	al These	- mad	-	0	NSET AND	
763.5	IMMEDIATE CAUSE (d		0		,	70,00			1 CKL	4
Canditions, if a	ny which \		Pop		T				6	1
gove rise to i	m mediate		1100	nati	Lund				00	my
lying couse lost.	ine under-				1					- 1
	HER SIGNIFICANT CON		ONTRIBUTING TO DEATH	BUT NO	PELATED TO THE TERM	AINIAI DISEA	SE CONDITION CIV	(ENLINE DART 1/-1	I SAVAS	ALITADE
Ę l	*				THE TEXT	MINAL DISEA.	sc combinion on	EIN IIN PAKT IQU	PERFO YES	DAMED?
PART II. OTH	S UNDERLYING	20b. DESC	TRIBE HOW INJURY OCCU	JRRED. (E	nter nature of injury in	Port I or Po	rt II of item 18.)		1 .43 🖸	110 [
	CAUSE OF DEATH MEDICAL EXAMINER)									
20c. TIME OF INJUR Hour o. n.	Y Month, Day, Ye	ar 20d. IN	JURY OCCURRED 20e	e. PLACE	OF INJURY (Hame, for	m, 20f. (Cit	y or lown)	(Caunt	(y)	(State
Hour o. jn.	19	While of work	Nat while	factory,	street, affice bldg., e	(c.)				
			7	-6		2/12/	.5			
	at lattended the	decease		23	_, 19, ta	31.17		that I last		
alive an	11/128	, 12	, and that de	eath oc	curred at 2:37	L.M. fra	m the causes a	ind an the d	late state	ed abo
ACTUAL	1 1	Q	1.1.		60	ADDRESS (S	Street, city or town,	state)	DA	ATE SIGH
SIGNATURE	I wha		4- yoll	M.D.	00	nly 1	ind		3	18/
PHYSICIAN'S NAME (Type)	Richard A.	Yate	5 W D 03		34 3 3				143	
20. BURIAL, CREMATIO			22c. NAME OF CEMETER	PY OR CR	-Maryland-	Tast Toca	TION (City, town, o		154	
REMOVAL (Specify)	3/19/58		Good Hope		EMATORT		lesville,		(Stat	e)
3. FUNERAL DIRECTOR		1	ADDRESS	• ,	la.				W 100 F	
A LOT Y	DIONA UKE	1,	Rockville.	Md.	24a. REC	D BY REGIS		STRAR'S SIGNAT	URE	
Trough	MILINO	un			DATE	AR 2 1 '5	58 Ull	reduch		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and or to burial, cremation, or remayal, and in any event within 72 haurs after death. may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaw detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar force to burial, cremation, or remayal, and in any event within 72 haurs after death. 觽

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	mater .		60/6/2	Total and
	AND THE PERSON NAMED IN	non ville, Mi	MARKET SILVE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

113514

			354	17	CERTIF	-ICAI	E OF DEATH	1		Reg. Di	ist. No.		
1		PLACE OF DEATH o. COUNTY MO	ontgomery		MARYL		o. STATE Maryl.		d lived. If instituti b. COUNTY	2.5	nce before		on)
		b. CITY OR TOWN (If out RURAL ond give neares	t town)	write c.	LENGTH OF STAY I	N 16	c. CITY OR TOWN (IF		rote limits, write R	URAL ond	give nea	rest town)
0		Silver Spring d. NAME OF HOSPITAL (IN OR INSTITUTION		e street odd	50 yrs.	/	d. STREET ADDRESS Jackson					e. IS RESI ON A YES	
		NAME OF DECEASED (Type or print)	Fint Eli s abe	+h	Middle Benne	++	lost Jackson	4. DATE OF DEATH	Mor Mar		28	y Y	Year 1958
	-		COLOR OR RACE 7		NEVER MARRIE	B. C	DATE OF BIRTH	1	9. AGE (In years lost birthdoy)			IF UNDE	
	100	during most of working Housewi	Give kind of work do life, even if retired)	ne 10b. KIN			-		ountry)		TIZEN O	F WHAT	COUNT
)	13.	FATHER'S NAME		_ On	n nome		14. MOTHER'S MAIDEN I	NAME	IU.		J.A.		
		George He WAS DECEASED EVER IN 1. no. or unknown] (If yes		ice)	cial security no.	17. INFO	Emma Maus PRMANT es O. Willia	11831	Add		Dlowsr	Mo	
		18. CAUSE OF DEATH PART 1. DEATH V 420./ Conditions, if ony, gove rise to imme couse (o), stoting the lying couse lost.	WAS CAUSED BY: MEDIATE CAUSE (o)_ DUE TO which (b)_ ediate under- (c)_	Len Was	or (0), (b), and (c).] many a ending of ending of	lar Jar	throw Terioscles	harr clyo	n cerelu	yora	INTE ONS CUL	RVAL BE ETAND	TWEEN DEATH
0	CERTIFICATION	PART II. OTHER S 20a. ACCIDENT WAS UP OR CONTRIBUTING	NDERLYING [7] 2				T RELATED TO THE TERM Enter noture of injury in			VEN IN PAI	RT 1(o) 1	PERFO	RMED?
	MEDICAL CE	(IF EITHER, NOTIFY MED	Month, Doy, Year	While _	RY OCCURRED :	20e. PLACE foctor	OF INJURY (Home, form y, street, office bldg., etc	n, 20f. (City	or town)	((County)		(Sto
		21. I certify that alive an					., 19.49, to	M, fran		and an 1	the da	te state	ed abo
1		PHYSICIAN'S E	rnest E	, .,	mon M	·D.	Selver	Spin	y My	Ø.			
			April 1,19		Colesvill			1	TION (City, town,			(Stote	:)
	23)	FUNERAL DIRECTOR'S SIL	E Pump	skrai	ADDRESS Silver S	pring		D BY REGIST		STRAR'S SI	GNATUR	E	į.

VS A15 (4) 15M 9/55

ndowig. The two rates to be seen to be seen WYB 31 1828

FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, withing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be availed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. M

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

03515

		3343	
•		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	0	Montgomery MARYLAND	o. STATE Med b. COUNTY monty
	b.	CITY OR TOWN (If output corporate limits, write BURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
ď		dillate of state of s	56 Alsen Shows
	d	NAME OF HOSPITAL OR INSTITUTION HI not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
		4400 Garrett pk. Rd.	4400 Yarrett Pk. Rd. YES NO PL
	3. 1	NAME OF First Middle	Last 4. DATE Month Day Year
		Type or print)	1502 DEATH Mac, 28 1958
	5. SI	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years loss birthday) Manufly Days Have Min
1		female white WIDOWED DIVORCED IN	7-26-23 34 yrs. Months Days Hours Min.
1	10a.	USUAL OCCUPATION (Give kind of work dane 16b. KIND OF BUSINESS OR INDUSTI uring most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	C	39+ FC W.S. ann retired	Thousand 113a
/	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		David Edenfield	Ora Lee Waldron
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
	ĮVas,	Yes 1951- 263-30-5813 Mr.	David Edenfield, 1419 East North St.
3		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Tampa 4, Floridaeval Between
		PART I. DEATH WAS CAUSED BY: Weste Congeste	is becut techne Found don't
		421.4 DUE TO	on floor)
7		Continue to the dealers	las heart desease there
		gave rise to immediate cause	with the same of t
		couse lost. (Chrone februle Me	in sufferention parmenents. Il yes
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
0	CATION	iller 12. 4 1/2 at 11 M. D	PERFORMED? YES NO N
	FF	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E.	nter nature of injury in Peal 1 or Part II of item 18.)
	CERTIF	PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	
	MEDICAL	f t -	CE OF INJURY (Home, form, 20f. (City or lawn) (Caunty) (State)
	MED	Haur a, m, p, m. 19 at work at wark	ary, area, arrest study, accept
		21. I certify that I took charge of the remains described about	ve, held an Autopsy , Inspection , Inquiry , and in my
		opinion death resulted from: Natural causes 🔀, Accident [and the same of th
		2 0	DATE SIGNED
		SIGNATURE Frank (- / Prosechant	_M.D. CHIEF MEDICAL EXAMINER
1		The state of the s	ASSISTANT MEDICAL EXAMINER
V		EXAMINER'S FFANK J. Broschart	DEPUTY MEDICAL EXAMINER 3 3-28-58
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
		BURIAL 4/1/58 ARLINGTON NAT'I	C. CEMETERY ARLINGTON, VIRGINIA
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	4	anner & lumphrey, SILVER SPRING	AD. DAMAR 3 1 '58 CUL Such

MARYIAND STATE DEPARTMENT OF HEALTH -BALTIMORE, TO AMPRICATE OF DEATH





VS A15 (4) 1SM 10/57 W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3549 CERTIFICATI

CERTIFICATE OF DEATH

03516

1. PLACE OF DEATH o. COUNTY Mo	ntgomery		MARYLA	AND	2. USUAL RESIDENCE (Va. STATE		ed lived. If instituti b. COUNTY		e befare adm	issian)
b. CITY OR TOWN RURAL and give i	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	4 1ь	c. CITY OR TOWN (I	f outside corp	orate limits, write R	URAL ond g	ive nearest to	wn)
Bethesda			28 days		Alexa	ndria	83	3 x - 3	3	/
d. NAME OF HOSP	ITAL (If not in haspital, g	ive street o	address)		d. STREET ADDRESS					RESIDENCE LA FARM?
The Clin	ical Center	, Bet	hesda 14. P	fd.	413 E	ast Ne	lson Aver	ue		NO JK
3. NAME OF DECEASED (Type or print)	Fir Mar		Middle Lula		Jenkins	4. DATE OF DEATH	Mon	rch	Day	Year 19 58
S. SEX	6. COLOR OR RACE	-	IED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years		1 YEAR IF UN	
Female	White	WIDOWE			October 10.	1906	last birthdoy)		Doys Hour	
10a. USUAL OCCUPAT	ION (Give kind of work	dane 10b.		INDU:	STRY 11. BIRTHPLACE (Sto		/	12. CITI	ZEN OF WHA	AT COUNTRY
Housewif	rking life, even if retired		ne		South	Carol	ine	11	.S.A.	
13. FATHER'S NAME		1 240	***************************************		14. MOTHER'S MAIDEN		LIM	1 0	·D·A·	
White Ba	ker				Mome	Lula B	oker			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT The M	edical	Recordado	ress		
(Yes. no. or unknown)	(If yes, give wor or dates of s	ervice(ınknown		The Clinical				. Marv	land
	ATH [Enter anly one co					- 01100	, 500,100		INTERVAL	
	ATH WAS CAUSED BY:	1/	fultiple Mye	Tor	າລ				ONSET AN	ID DEATH
203X	IMMEDIATE CAUSE (o	,	ide office rive	7.01	1ACA				- 3	2012
	DUE TO									
Canditians, if	immediate (
cause (a), stating	the under- DUE TO									
Z lying cause last			ONTRIBUTING TO DEAT	H DIT	NOT RELATED TO THE TER	MAINTAL DICEA	CE COMPUTION OR	CALIAL DADS	14 110 144	CAUTOREY
D. Imana									PERI	FORMED?
200 ACCIDENT W					Necrosis, To			pnyta	XST SYES	M NO [
G (IF EITHER, NOTIF	AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DE30	CKIBE HOW INJURY OCC	UKKE	D. (chief halore of injury i	in roll for ro	iri (i or (iem 18.)			
20c. TIME OF INJU Hour a.m. p. m.	10	While	JURY OCCURRED Not while at wark	Oe. PL	ACE OF INJURY (Home, for story, street, office bldg., e	erm, 20f. (Cit	ty or town)	(C	ounty)	(State)
21. I certify t	hat I attended the	decease	ed from Februs	ry	14, 1958, to 1	March	14. 19 58	that I le	ast saw th	e deceases
alive anM		. 19 5			accurred at 2:10					
		. (Ó				Street, city ar town,			DATE SIGNED
ACTUAL SIGNATURE	Ichard	K	traus		M.D. The C1	inical	Center		3,	/15/58
							titutes o	f Hea	lth	
PHYSICIAN'S NAME (Type)	RICHARD K.	SHAW	M.D.				Maryland			
	ON, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY O			TION (City, tawn,		(St	late)
BURIAL Specify	3/18/5	8	ARLINGTON	VA	IATIONAL	ARL	INGTON	Co.	VIRGI	NIA
23. FUNERAL DIRECTOR	R'S SIGNATUREA L H	OME	ADDRESS			C'D BY REGIS	TRAR 24b. REGI	STRAR'S SIG		Y-E M
TCE	LIV	461	EXANDRIA	, 1	A. DATE	MAR 1 7	'58 00			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY files. Health, b. COUNTY MARYLAND M b. CITY OR TOWN III outside karparate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3. NAME OF Lost DATE Month DECEASED OF (Type or print) DEATH 3 -5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR 6. COLOR OR RACE lost birthday) Months WIDOWED K DIVORCED yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. VIRTHPLACE (Stote or foreign country) age 12. CITIZEN OF WHAT COUNTRY? duting most)of working life, even if retired) rouseun Pages 1, n PM3. I pages 3 ent withi 13. FATHER'S NAME farm File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address NO 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ö Office DUE TO Conditions, if ony, which gove tise to immediate couse DUE TO (a), sloting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) factory, street, office bldg., etc.) While Hour Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\). Inspection . Inquiry X CTOR: opinion deoth resulted from: Notural causes 12. Accident | Suicide . Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE shauld be FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county) 7,1958 CUNNINGHAM MEM. 40 ADDRESS REC'D BY REGISTRAR VS. A 15ME

03517

e. 15 RESIDENCE ON A FARM? YES NO X

Yeor

IF UNDER 24 HRS.

Min.

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO A

> > (Stole)

and in my

DATE SIGNED

(Stote)

Days

24b. REGISTRAR'S SIGNATURE

DATMAR 4

DECENED

BUREAU V. S.

SOS: A RAM

MEDICAL EXAMINER'S CENTIFICATE OF DEATH

THE RESERVE THE PARTY OF THE PA

LETATO DO PERMINDAD DE HEALTH-BAL

BUREAU V. E.

8261 71 AAM



VS A15 (4) 15M 9/55

3466			LTIMORE, 18	0351	19
	G226 - CERTIFI	CATE OF DEATH	R	leg. Dist. No.	
PLACE OF DEATH COUNTY MONT GOING b. CITY OR TOWN (If outside conforote limits, we rural town). RURAL and give nearest town).		11914191	b. COUNTY	Montoome	Ny
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Washington	street address) 2. Hospital	d. STREET ADDRESS 1909 Elm	Park	e. IS RESIDENC ON A FARM YES NO	M?
3. NAME OF DECEASED (Type or print) Perry	Middle Brooke	Johnson Ja DATE Johnson Ja DEAT	Month	Day Year 5 19 5	
Male white w	MARRIED NEVER MARRIED [8-24-05	last birthdoy) N	UNDER 1 YEAR IF UNDER 24 H	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR IT	Virgin	country)	12. CITIZEN OF WHAT COUL	NTRY
13. FATHER'S NAME Perry B.	Johnson	5. Estelle	Blacks	ve//	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service)		Admission Recor	d of wash	. San + Ho.	16
1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).]	Tive heart ,	lailure	INTERVAL BETWEE	TH
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause lost. (b) DUE TO		Winds of the second			
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER	ONS <u>CONTRIBUTING</u> TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOF PERFORMED YES NO)?
The state of the s	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Port I or Pa	ort II of item 18.)		
Hour a. ft.	20d. INJURY OCCURRED 20e While Not while at work at our work	PLACE OF INJURY (Home, farm, 20f. (Ci factory, street, affice bldg., etc.)	ty or town)	(County) (St	tote)
21. I certify that I attended the de alive an				hat I last saw the dece d an the date stated ab	bave
PHYSICIAN'S EINO 1	MAGI	Silver	Spring	Manylan	cf
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spicify)	58 Warrenton	Clinelly Wa	MULLIN 1	(State)	

MAR 1 0

'58

8361 OI HAM

e. IS RESIDENCE ON A FARM? YES NO 1

Year

19

IF UNDER 24 HRS.

Hours

INTERVAL DETWEEN ONSET AND DEATH

> PERFORMED2 YES NO

> > (State)

and in my

DATE SIGNED

(County)

shauld b

70 VS. ATSME 5M 2/57

22d. LOCATION (City, 16wp or county) EUDIERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

MARYLAND STATE DEPARTMENT OF HEALTH-HARMORE, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. S.

WAR 24 1958

DECENTED

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be throughout the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained to your files.

TO FUNERALL ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Medith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND S	TATE DEP	ARTMENT C	OF HEALTH-	BALTIMORE,	18
SS MEDICAL	LEXAM	INER'S CE	RTIFICATE	OF DEATH	D

Reg. Dist. No. (13521

		-									
1. PLACE OF DEATH 0. COUNTY	Montgomery		MARY	LAND	2. USUAL RESIDENCE o. STATE Ma	E (Where dece	b. COUN	ΤΥ		ore odmis	sion)
b. CITY OR TOWN	(If outside corporate limits, writ	RURAL	c. LENGTH OF STAY	IN 1b	THE PARTY NAMED IN COLUMN TWO		rporote limits, write				(n)
and give nearest for OL:	ney		6 day		56		Silver		-		1
d. NAME OF HOSPI	ITAL OR INSTITUTION (If not in he	ospital, give street addres	3)	d. STREET ADDRES	SS					SIDENCE
	y County Ger	ne d al	Hospital			12812	Flack St	reet			NO T
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mon	th	Doy	Ye	or
(Type or print)	Harry		Arthu	_	Jones	OF DEATH	Ma	rch	12	19	58
5. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED) B. C	ATE OF BIRTH	0.34	9. AGE (In years fort birthday)	IF UNDER	-	-	-
Male	White	WIDOW	ED DIVORCED		1.30.70		88 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	tate or foreign	country)	12. CITI	ZEN OI	WHAT C	COUNTRY
labo:	ing life, even if retired)				Marylan	d		US	A		
13. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME					
Samuel H.	Jones				Catherin	e Venab	le				
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	ORMANT		Addres				
	(11 / 11. git and a dute a	A.V.C.		Но	spital Re	cords					
18. CAUSE OF DE	ATH [Enter only one can	se per line	for (o), (b), ond (c).]						INTER	VAL BETWEE	N
PART I. DEA	ATH WAS CAUSED BY:	Sh	ock and Acut	te Co	ngestive I	Unamt T	of Tarmo				
903.0	DUE TO		ous and acq	00 00	nges of ve	ICOI L	allure		-	day	3
Conditions, if		मिक	acture of le	oft h	in				1	2	
gave rise to imm	ediate couse	T.T.	acture of 16	51 6 11	Th					day	S
(o), stoting the couse lost.	underlying DUE TO										
PART II, OT	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PAR	T 1(a) 19	WAS A	UTOPSY
And	terioscleros	วร์อ							Y	PERFOR	NO T
20g. EXTERNAL CA	USE WAS 20		BE HOW INJURY OCCUR	RED. (Ent	er noture of injury in	Part I or Port I	l of item 18 1				LA
PART II, OT Art 20a. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH	ONTRIBUTING DE		l on floor s								
3 20c. TIME OF INJU	JRY Month, Doy, Yes	r 20d.	INJURY OCCURRED 20	De. PLACE	OF INJURY (Home, I	form, 120f. (Ci	y or town)	(Co.	inly)		(Slote)
20c. TIME OF INJU	3.5. 195	Whi	le _ Not while O	factory	, street, office bldg.,	elc.)					
			ork ot work	Hom		S1I	ver Sprin	ig, Mo	ntg.	, Ma	
			remains described			ipsy [],	Inspection X	, Inquir	у 🚺,	and	in my
opinian death	resulted fram: 1	Vatural	causes , Accid	dent X	, Suicide ,	Hamicid	Undete	ermined r	nanne		
	2.	0									
SIGNATURE_	Trand .	110	mount		M.D. CHIEF MEDICA	L EXAMINER]			DATE SI	SNED
		1			ASSISTANT ME	DICAL EXAMIN	ER 🗍	March	12.	195	8
EXAMINER'S NAME (Type)	Frank J	Bros	chart		DEPUTY MEDIC	AL EXAMINER			_~,	-//	
220. BORIAL, CREMATEMOVAL (Species	ON, 226. DATE THEREC	1658	222 HAMINOF CEMETE	14 00		22d. 10C	TION (City, Island	for county)		(Store)	
3. JUNERAL DIECTO	P'S SIGNATURE	1-0	ADDRESS A	- INC	spry 200	CO'D BY BECK	ext-ore	ew .	- 5	Ma	•
X. arther	Thitte) 2	54 Derra	1) 1	-A-C DATE	ECULA LEGIS	158 1100	STRAN'S SIG	ZO W	E	

AMERICA . A. EMPER

STATE CONTRACT PROPERTY OF THE BUREAU V. S.

8361 PT 8AM

DECENA

03522

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film G227, 4/11/58 fcy
CERTIFICATE OF DEATH

With earlies to

	20	29	CLKII	1107	AIL OI DEA	4111		Reg. Dis	st. No.	
1. PLACE OF DEATH o. COUNTY Montgon	erv	00	MARY	LAND	2. USUAL RESIDENCE o. STATE Marylar		sed lived. If instituti b. COUNTY			mission)
	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	1		porate limits, write R			lown)
Olney	ediesi iown)		6 days		Dayton		1:	3 X -	2	
OR INSTITUTION	TAL (If not in hospital,		William Control	,	d. STREET ADDRE	SS			0	RESIDENCE N A FARM?
Montgon B. NAME OF			eral Hospit	al	<u> </u>				YES	NO NO
DECEASED		rst	Middle		Last	4. DATE OF		th	Day	Year
(Type ar print)		ames	Arth	-	Jones	DEAT	Marci		31	19 58
. SEX	6. COLOR OR RACE		RIED NEVER MARRIE	0	B. DATE OF BIRTH		9, AGE (In years last birthday)	Months	Days Ho	NDER 24 HRS.
Male	Negro	WIDOW	- Committee		5/20/79		798 yrs.		odys 110	741111.
 USUAL OCCUPATION during most af war 	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State or foreign	country)	12. CITI	IZEN OF WI	HAT COUNTRY
					Ma	ryland			II. S.	A.
. FATHER'S NAME					14. MOTHER'S MAID					
พำกา	am John Jo	nes			Mam	Squir	rel			
. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO	. 17. 10	NFORMANT	<u>Dquii</u>	Add	ress		
Yes, no, or unknown)	(If yes, give war or dates of	service)			Manus Elda	hadb T.				
TIR CAUSE OF DE	WM francisco	1	ne for (a), (b), and (c).		Mary Eliza	apeun Jo	ones S	ame		
	TH WAS CAUSED BY:	ouse per II	ne for (a), (b), and (c).							ND DEATH
TART II DES	IMMEDIATE CAUSE (A CI	ute Heart F	ailu	ire	-W 1			5	days
4-0.0	DUE TO									
Canditions, if a		Ar	teriosclero	tic	Heart Dise	ase			5	vears
gave rise to i	DITE TO					allen-v-				
lying cause last.		:)								
PART II. OTI			CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 19. W.	AS AUTOPSY RFORMED?
Profou	nd Secondar		emia 6 mon							□ NO 💟
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	D. (Enler nature af injur	y in Part I ar Pa	art II of item 18.)			
20c. TIME OF INJUR		or 20d. II	NJURY OCCURRED Not while	20e. PLA	ACE OF INJURY (Home, tory, street, office bldg.	farm, 20f. (Ci	ty or town)	(C	aunty)	(State)
p. m.	19	at war	k at work				1 1734	CALL .		
21. I certify th	at I attended the	deceas	ed fram July		, 1947, ta	March	31 . 19 58	3.that Lle	ast saw t	he decease
alive on Man	1 00		28, and that							
0	4	4	, , , , , , , , , , , , , , , , , , , ,	acam	decorred dilizzi		Street, city or town,		ie dule si	DATE SIGNE
ACTUAL	harles 5	Low	Taker							
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			^	W.D					
PHYSICIAN'S NAME (Type)	Charles S.	Whi	taker M D		Cla	rksvill	e Marylar	ad		
REMOVAL (SPECITY)	N, 22b. DATE THERE	38	22c. NAME OF CEME	TERY OF			ATION (City/Town, o		us!	State)
3. FUNERAL DIRECTOR	S SIGNATURE S	vele	ADDRESS A	100	0 11001	REC'D BY REGIS	STRAR 24b. REGIS	STRAR'S SIG	NATURE	
1 00-NO(1)	11 0000	Anna	1100 CICV	CEL	C) WENDATE	CMB.A				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.: Page 4 VS A15 (4) 15M 9/55 8381 8 AAA bit with most of the Land and the property of SIMMEDERA

VS A1S (4) 1SM 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3554 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Rea. Dist. No.

03523

						**	AB: D. 1911		
1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDENCE (lived. If institutions b. COUNTY	***		
	(If outside corporate limits,	write	c. LENGTH OF STAY IN 16	Washin c. CITY OR TOWN (te limits, write RURA		earest low	
RURAL and give r						0 1/	7 7 3		
d NAME OF HOSPI	ngton	street o	ddress)	d STREET ADDRESS		4	12-0	I IS DE	SIDENCE
77 .	ITAL (If not in hospital, give	-	4 77	2007	_			ON	FARM?
Kensingt	on Gardens	Re	sh Home	1921 Ka	lorama	Rd.		YES [) NO 🔯
3. NAME OF DECEASED (Type or print)	LoLL	ie	Middle E	JONES	4. DATE OF DEATH	March		Day	Yeor 1958
5. SEX	6. COLOR OR RACE 7	MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	19	AGE (In years IF	UNDER 1 YE	AR IF UND	
Tuesta		VIDOWED		Ma- 1 18	7 000	last bigthday) M	onths Day		Min.
TEMBLE	1 1111700		SIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Ste	10/21	86 yrs.	12. CITIZEN	05 14014	COUNTRY
during most of wor	rking life, even if retired)	100. K	AIND OF BUSINESS OR INDU	SIKT IT. BIKTHITUACE (SIG	sie or foreign coo	mry)	12. CHIZEN	OF WHA	COUNTRY
Housewi	tu		None	Washin	ITON D.	C,	L	(.).k	
13. FATHER'S NAME				14. MOTHER'S MAIDER	NAME)				
Alber	t B. Scriv	ene:	r	Rebec	ca Rob	inson			
TS. WAS DECEASED EV	ER IN U. S. ARMED FORCE		OCIAL SECURITY NO. 17.	NFORMANT		Address	-		
No	(ii yes, give wor or bales or servi		None	Edward H.	Jones	same a	5.2		
	ATH [Enter only one cous	e per line	e for (a), (b), and (c).	/	1 1.	-		ITERVAL BE	
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Car	rd10-Vasc	ular-renai	disea	758 W17	4	31/	15
442 X	DUE TO			m 1				1	
Conditions, if	ony which)	MA	incordial +	-ailline				2 11	-
gove rise to	immediate (11 09	OCCC GION I	WI TOTC	-			SKO	05
couse (o), stoting									
lying couse lost.	- (-)							1.0	
PART II. OT	HER SIGNIFICANT CONDI	TIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIVEN	IN PART 1(a)	19. WAS	AUTOPSY DRMED?
3 260 X	Diabele	5	140/11/19	5				YES [NO
PART II. OT	AS UNDERLYING 20 G GAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port 1 or Port I	l of item 18.)			
	RY Month, Doy, Year		JURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo	orm, 20f. (City o	or town)	(Count	у)	(Stote)
Hour o.m.	19	While of work	Not white to	ctory, street, office bldg.,	efc.]				
	hot I attended the d	-	1 . 16	11 1056	2.20	195/1		N.	
7	1 7 4	ecease		192 V, to_	0 4				
olive on		, 192	$\underline{I}_{}$, and that death	occurred at		the causes and			
ACTUAL	DA.	1201	111	2001	ADDRESS (Stre	et, city or town, stol	(e)	D	ATE SIGNE
ACTUAL SIGNATURE	Thur.	Eug.	101	M.D. 3921	Ingom	ar Sty	N.W.		17:57
PHYSICIAN'S	+ + +	01		11 00 1	1. 10	20			
NAME (Type)	rewart	1	dd	war	1/2 /5	D.C.			
220. BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATIO	ON (City, town, or c	ounty)	(Sto	te)
Burail	3/29/58		Rock Creed		Wa	shington	, D.	C.	
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	24a. RE	C'D BY REGISTR			URE	
Robert A	. Pumphrey	. 1	Bethesda, M	arvlandpate	MAR 3 1 '5	8 000/		1	
1000101	- Campin Cy	3	e o o i o o o o o o o o o o o o o o o o	AT AT ALL CALLE		V 1 1 1 1 1 1 1 1	2011		

CERTIFICATE OF DEATH

BUREAU V. S.

8361 IS 8AM



03524

CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUMONTGOMERY Q. STATE b. COUNTY D. C. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and aire genrest town) WASHI NOTON d. NAME OF HOSPITAL (If not in hospital, give street address)
CAPROLL HALL SANITARIUM A STREET ADDRESS e IS RESIDENCE ON A FARM? 3701 CONN. AVE. N.W. YES NO S NAME OF Middle 4. DATE Month DECEASED NANNIE M. JONES. MARCH 12 (Type or print) 1958 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS FEMALE WHITTE APRIL 24, 1883 Months Days WIDOWED T DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) NORTH CAROLINA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM WINSHIP PARKER LOUISANA BRINKLEY PARKER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NOME MRS. EDITH J. NIEMEYER. DAUGHTER. SAME AS #2 NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) aldenscenen I Coecen c metalen 3 V5 DUE TO Conditions, if any, which gave rise to immediate **DUF TO** couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? Rhemilus collecto YES TI NO 14 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from 6-11, 1957, to 3-12, 1958, that I last saw the deceased 19.5%, and that death occurred at Fich M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL MD 370/ Cons Avon. W Mail & DC 34/2.58 SIGNATURE IRVING BURKA 3701 CONN. AVE., N.W., WASH. 8. D.C. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 3/14/58 22c. NAME OF CEMETERY OF CREMATORY OLIVE BRANCH CEM. 22d. LOCATION (City, town, or county) (Stote) PORTSMOUTH, VIRGINIA 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

DATE

ro FUNERAL page 3 shou

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death. pro

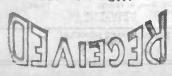
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MARYRAMO STATE CIPALTMENT OF REALTH-EALTHOUGH, 12

AND AND AND SHALL		
		YIELD YES
The state of the s		The state of the state of
TATE AND SECOND		TOTAL SALLONSING
on W. Maior 12 se	1017	criter
11, 2,003	THE PROPERTY OF THE PARTY OF TH	Service Street Street
ALTER TO		The second second
THE NAME OF PERSONS ASSESSED.		merger of the latter
ISLANDARIA, INCOMENZA, ELEVANA . 1.1	Transfer for the success	The second of the second
		The state of the s

8391 P.I AAM '* 4 '* .



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ding physician and campletely filled in by the funeral director,	se remove carbon papers. Pages I am mauld be filed with	1	/フ (M) 715
may be retained by the haspital or attending physician.	page 3 show to detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 am mould be filed with the remover to burial cremation are semanal and in any event within 70 hours after death		

CEDTIEICATE OF DEATH

	3468	CERTIFICATE OF	DLAIII	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY MBM gomers	MARYLAND 2. USUAL R	RESIDENCE (Where deceased lived. If institution by COUN	
		R	OR TOWN (If butside corporate limits, write	RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION Sanitari um	11 - 1 1 1 0	ET ADDRESS Willy n'Way-Ra	nd p p HI S YES NO
	3. NAME OF DECEASED (Type or print)	Katherine J	enes DEATH	3 30 19 58
	Female White WIDOWED		3-65 93 y	n) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	lerK	Maryland	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Advian Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	Ma	MOORE MOORE	
	(Yes, no or unknown) Iff yes, give wor or datas of service)	Pt's CY	nart	ddress
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO	or (o), (b), and (c).]	rombosis.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stoting the <u>underlying couse lost.</u> (c) Part II. OTHER SIGNIFICANT CONDITIONS CON	STRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY
2	Phamin 18 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH	ngestive h	re of injury in Port Sor Port II of item 18.)	PERFORMED? YES NO NO
		_ Not while foctory, street, o	RY (Home, farm, 20f. (City or town) office bldg., etc.)	(County) (State)
THE RESERVE	21. I certify that I attended the deceased alive an 330 , 19 3	fram. 8/29 , 19.5 8, and that death accurred whom M.D. 8	m 25	s and an the date stated above. DATE SIGNED AUP: 320
	PHYSICIAN'S OHN B	UNHAU ()	hpung Mase 13	n, or county) (State)
	REMOVAL (Specify) 4/2/58 22-EUNERAL DIRECTOR'S SIGNATURE	Landen Pk Cen	N Baltema	GISTRAR'S SIGNATURE
	J.W= Keen W	ash N.C.	DATE	
			58 (4)	V. Leauch

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/SS

APR 2 1958

TO FUNERAL DIRECTOR PAGE 3 should the registror pri

VS A15 (4) 15M 10/57

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MARYLAND	STATE	DEP	ARTMENT	OF HE	ALTH-BALTIMORE,	18
and a						

CERTIFICATE OF DEATH

SEFE

Reg. Dist. No.

03526

-											
	PLACE OF DEATH	000	U	MARYL	AND	2. USUAL RESIDENCE (WI	here deceased	lived. If institutio	n: Residence	before adm	nission)
H	Montgomer	outside corporate limi	te write	c. LENGTH OF STAY I					D41 - 1 -1		- 1
	RURAL and give ne	arest town)	is, wind		- 1	c. CITY OR TOWN (If o			r. /	re negrest to	own)
_	Bethesda	AL (If not in hospital, g		165 days		Washington	D. C	• 4	/X = =	2	
-	OR INSTITUTION			Access to the second	3/1-2			73		ON	RESIDENCE NA FARM?
		car center	, Be	thesda 14,	Pio •	4908 A Str	eet, 5	. L.		YES	☐ NO 🔯
3.	NAME OF DECEASED (Type or print)	Will		Middle Norma	n	Jones	4. DATE OF DEATH	Marc		Day	Yeor 19 58
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D D B	. DATE OF BIRTH	9	. AGE (In years	FUNDER 1		
	Male	Negroe	WIDOW	ED DIVORCED		October 12,	1909	ast birthdoy) yrs.	Months D	Days Hour	rs Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPLACE (Stote	or foreign cou	intry)	12. CITIZ	EN OF WH	AT COUNTRY
	Foreman	ing life, even if retired		Government		Maryland				U.S.A	
13.	FATHER'S NAME			0112		14. MOTHER'S MAIDEN N			1		
	Sylvester	Jones				Ida Mars	hall				
15.			CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT The Med		econd Addre	155		
(Ye	No or unknown)	If yes, give wor or dates of s	ervice)	None		e Clinical C				Marria	and
=		THE CO. L.				C OTIMICAL O	enter,	De one ad	2 1419		
		TH WAS CAUSED BY:		ne for (a), (b), and (c).				0.		ONSET AN	BETWEEN ND DEATH
		IMMEDIATE CAUSE (o	334	BRED. KEL	766	Lum CE		SARCO	MA	8m	SHIND
	2.00.0	DUE TO									
И	Conditions, if or gave rise to in)		1369						
	couse (o), stoting t	\ DHE TO									
_	lying couse lost.) (c)								
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART	1(a) 19. WA	AS AUTOPSY
CAT	D.	LODENA	1	THOER	w	ITH HEY	noRE	17 AG1			NO 🗌
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Port I or Part I	II of item 18.)			
3	20c. TIME OF INJURY	Month, Day, Ye	or 20d. I	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, farm	n, 20f. (City o	or town)	(Co	ounty)	(State)
MEDICAL	Hour o.m.	19	While	Not while	fact	ory, street, office bldg., etc	.)	120-11		,	(0.2.7)
3	p. m.						i				
						17, 19.57, to Ma					
	alive an Marc	h L	, 19	50, and that	death	accurred at 8:55	P.M. fram	the causes ar	nd an the	date sto	ated abave
		0	1	a	,		ADDRESS (Stre	et, city or town, s	tote)		DATE SIGNED
	ACTUAL SIGNATURE	ectionic	7 8	2 Than	_ M	.b. The Cl	inical	Center		3	-2-58
	PHYSICIAN'S					Nation	al Ins	titutes	of Hea	alth	
	NAME (Type) R	ichard K.	Shaw	M. D.				Maryland			
220	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEME	TERY OR	CREMATORY		ON (City, town, ar		(Si	tate)
	REMOVAL (Specify)	2-5-	- 58	St. Ma	114	S	Pisa	atawa	14	M	, ,
23.	FUNERAL DIRECTOR'S	SIGNATURE	1 " 1	, ADDRESS	(24a. REC'	D BY REGISTR			NATURE	
-	murt	Ce K. X	elen	14339 Hun	+P/	N.E. DATE M	AR 6 '5	8 100	Lesu	ch	
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3557

CERTIFICATE OF DEATH

03527 Reg. Dist. No.

	PLACE OF DEATH o. COUNTY Montgomery MARYLAND				AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE North Carolina b. COUNTY							
	b. CITY OR TOWN (If RURAL and give ned	outside corporate fimi	ls, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Bethesda					Sims 70 x - 3							
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION					d. STREET ADDRESS e. IS RESI						FARM?	
	The Clinical Center, Bethesda 14, Md			1.	Route	# 1						NO 10	
1	B. NAME OF DECEASED	NAME OF First Middle			Lost 4. DATE Mont			th D		у	Yeor		
	(Type or print)					Joyner		OF DEATH	Marc	h	15		1958
	S. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIE	D 🔲 8.	DATE OF BIRTH			9. AGE (In years last birthdoy)	IF UNDER			
	Female	White	WIDOWI	DIVORCED		10 Janu	ary 1	907	51 yrs.	Months	Days	Hours	Min.
i	0o. USUAL OCCUPATION	N (Give kind of work on life, even if retired)	ione 10b.	KIND OF BUSINESS OR	RINDUST	RY 11. BIRTHPL	ACE (State o	or foreign c	ountry)	12. CI1	IZEN C	F WHAT	COUNTRY?
	Housewife			none		Nor	th Ca	rolin	a		U.S	5.A.	
1	3. FATHER'S NAME			TEN YEAR		14. MOTHER'S	MAIDEN N	AME					
1	Rassie Ray	Whitley				Rebec	ca Ma	e Whi	tley				
4	5. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	ORMANT Th	ne Med	ical	Record Add	ress			
	no			one	I	he Clir	nical	Cente	r, Bethe	sda 1	4. 1	lary.	land
		H [Enter only one co		ne for (o), (b), and (c).]								ERVAL BE	
	10	IMMEDIATE CAUSE (0	Pu	lmonary con	ngest	ion and	l edem	a					
1	170.7	DUE TO	20										
	Conditions, if on gove rise to im	mediate	Ma	lignant mel	Lanon	a with	metas	tasis					
1	couse (o), stoting the <u>under-</u>												
	lying couse lost.) (c)	DITIONIC	CONTRIBUTIONS TO DEA	THE DUTY A	OT BELLTED TO	THE TERMS	IAL DISEAS	F COMPLETION A COM				
	PARI II. OTHI	ek sigidiricaldi cold	DITIONS	CONTRIBUTING TO DEA	In BUIN	OI KELATED TO	THE TEXMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	1 1(0)	PERFC	RMED?
	20a. ACCIDENT WAS	LINDERLYING []	20h. DESC	CRIBE HOW INJURY OC	CHRRED	/Fater nature of	Liniusy in Pa	ort Lor Por	t II of item 18)			YES [X]	ио 🔲
	OR CONTRIBUTING	☐ CAUSE OF DEATH!	200. 0200		CORRED.	(Ellier Holore Of	i injury in re	on ron ran	in or new to.,				
	20c. TIME OF INJURY Hour o. m.	Month, Day, Yea	20d. It	Not while	20e. PLAC	E OF INJURY (I	Home, form,	20f. (City	or town)	(County)		(Stote)
	p. m.	19	ot worl										
	21. I certify the	it I attended the	decease	ed from 15 Ja	anuar	7, 19 58	10 15	Marc	h , 1958	that I	last so	w the	deceased
	alive an 15 1	March	_, 125	8/_ and that a	death o	ccurred at	7:05A	M. fran	n the causes a	nd on t	he da	te state	ed abave
		17.	-1	inte					lreet, city or town,				ATE SIGNED
SIGNATURE MAN ALGALIA M.D. The Clinical Center								3	-15-	58			
	PHYSICIAN'S	//				Na	tiona	1 Ins	titutes	of He	alti	1	~~~~
	NAME (Type) R	oger Leste	r, M	.D.		Ве	thesd	a 14,	Maryland	d			
2	20. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEMET	TERY OR	CREMATORY		22d. LOCAT	TION (City, town, o	or county)		(Stot	e)
	burial	3/17/5	8	Maplewo	bor			Wil	son		N.C		
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D			TRAR'S SIG	SMATU	E	
1	Hunt tos	renal Hors	9	nuls	em	71-0	DATE	R1 8 '	58 (20	Lega	uh		

CERTIFICATE OF DEATH

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORES OF ANY

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03529 3559 CERTIFICATE OF DEATH Rea. Dist. No. director death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Montgomery Maryland uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 0 Bethesda (Rural 1 day Mount Ranier ofter d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? U.S. Naval Hospital, Bethesda, Md. 3300 Chauncey Place YES TI NO TO 2 NAME OF Middle 4. DATE Day Year filled DECEASED Viola 1958 (Type or print) nmn KALMUS March 10 DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Female White WIDOWED | DIVORCED [March 1890 67 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ban pap during most of working life, even if retired) and Housewife None Poland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Henry AFACHLER Eve AFACHLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Silver Spring, Md. (Son) Joseph Kalmus, 1704 Glen Park Drive, Unknown No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Infarction of Myocardium IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate Dec DUE TO cause (a), stating the underburial-transit lying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) o. m. Not while of work of work 19 58 to 10 March 21. I certify that I attended the deceased from 9 March 19 58, that I lost saw the deceased __, and that death accurred at 7:05A.M. from the causes and an the date stated above. 80 ADDRESS (Street, city or town, state) ACTUAL U.S. Naval Hospital, Bethesda, Md. 3-10-58 0 HOSPITAL PHYSICIAN'S G.E. GORSUCH, LT.MC.USN U.S. Naval Hospital, Bethesda, Md. FUNER 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) he Buria George Washington Cemetery Hyattsville, Maryland 0 246. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 9th St.N.W. Washington, D.C. doldberg's 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Pages 1

funeral

by the attending physician and campletely filled

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Then please

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3560 CERTIFICA	AIE OF DEATH	Reg. Dist. No.							
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. STATE b. COUNT								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If autside carporate limits, write	RURAL and give nearest town)							
Kensington	Washington	47 x-3							
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
Kensington Gardens Nursing Home	1198 Spring Place N.	W. YES NO TE							
3. NAME OF DECEASED (Type or print) / //AN E Middle	Kephort 1. DATE OF DEATH March	7 Day Year 19 58							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	R DATE OF RIRTH 9 AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.							
female white widowed DIVORCED	9/11/1866 91 log 0'rihdoy)	Manths Days Haurs Min.							
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY							
U.S.Clerk@Apriculture Dept.	Jefferson W. Va.	U. S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
John Lewis Kephart	Emily B. Moler								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		dress Tupelo.Miss.							
(If yes, give war or dates of service)	Mrs. C. W. Shaw -435 N.	met de la companya de							
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	. 0 0 0.0	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	as beard failure	ONSET AND DEATH							
420.0 DUE TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
Conditions, if any, which) (b) arterio sell	crotio heard disease	= 15 Vm							
gave rise to immediate case (a), stating the under-									
lying cause last. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 1) PROCESSION OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING TO COURSE OR CONTRIBUTING CAUSE OF DEATH UNIFIED THERE, NOTIFY MEDICAL EXAMINER!	T NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? VES NO NO							
	ED. (Enter noture of injury in Port I or Port II of item 18.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 at work of while of wark	PLACE OF INJURY (Hame, form, octory, street, affice bldg., etc.)	(Caunty) (State)							
21. I certify that I offended the deceased from 1957, to Warel 3, 1958, that I lost sow the deceased									
	h occurred at 12130 PM, from the couses								
H J J	ADDRESS (Street, city or town								
ACTUAL SIGNATURE	7000 1. 7	w 3/3/57							
PHYSICIAN'S M. F. Kreuzburg	leasle 12]) e							
220. BURIAL, OREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town,	or county) (State)							

Cedar Hill Cemetery

240. REC'D BY REGISTRAR

DATE

23. FUNERAL DIRECTOR'S SIGNATURE CO. Washington, D. C.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital ar attending
TO FUNERAL DIRECTOR: After this certificate
page 3 should the teached for use as the hu the registrar VS A1S (4) 15M 9/SS

same sero Korana Swall and the times . The same of the raair, bloquides Thurs - Hos W. Cablus Dt.

MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18 03531						
3561 CERTIFIC	CATE OF DEATH Reg. Dist. No.						
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY						
b. CITY OR TOWN (If outside carborote limits, write) c. LENGTH OF STAY IN 16 RURAL and give nearest town. C. LENGTH OF STAY IN 16 RURAL and give nearest town.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITAL (If not in, hospital, give street address) OR INSTITUTION Subusban	d. STREET ADDRESS 2/38 California St. N.W. e. IS RESIDENCE ON A FARM? YES NO []						
3. NAME OF DECEASED (Type or print) Siling A Middle T.	Kluckhohm Death March 19 1958						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years left UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) US 7 (Chica cyo, 31) US 17						
13. FATHER'S NAME Robert Dodson	14. MOTHER'S MAIDEN NAME La nette Hamilton.						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [If yes, give war or dates of service]	TRANKL. Washington						
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	to chapuic serval interval getween onset and death						
593 × DUE TO Conditions, if ony, which') (b)	Muruoun						
gove rise to immediate cause (a), stating the under-lying couse last.							
3 test ventricular kadure	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IMPART 1(0) 19. WAS AUTOPSY DEFORMED?						
	RED. (Enter noture of injury in Port I or Part II of item 18.)						
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P Hour o. m. 19 While Not while at work of work	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)						
21. I certify that I attended the deceased from 1000 M to 100 M, from the causes and on the date stated above.							
SIGNATURE COMS A MOUNT.	M.D. O ADDRESS (Street, city or town, state) DATE SIGNED						
PHYSICIAN'S GEORGE A. BRAHTR.	Chan Chase 15 Mary and						
220. BURIAL, CREMATION, 22b. DATE-THEREOF 22c. NAME OF CEMETERY OF MOVAL (Specify) 3-21-1958 Oak Word	or CREMATORY 22d. LOCATION (City, Iown, or county) (Store)						
23. FUNERALDIRECTOR'S SIGNATURE ADDRESS W. W. CHAMBERS CO 1400 Clush	75/7, D.C 249 REC D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, old be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by his page 3 should stoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours affer death. VS A15 (4) 15M 10/57



BUREAU V. S.

SEEL 1958

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U	06		CER	HEIC	AIE	OF	DEA	**

2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) O. STATE b. COUNTY MARYLAND CONTRONERY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give peorest town) davs Bethesda, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Hospital 9408 Kingsley Ave. YES NO PA 3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED Elsie (Type or print) DEATH Knopf arch 1958 20 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min. Female white WIDOWED DIVORCED | 12-16-82 E yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Detroit, Mich. Melvin Knopf 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 21. I certify that I attended the deceased from ____, 19 ____, that I last saw the deceased and that death occurred at 230 alive on_ M, fram the causes and on the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S John J. Curry. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or arounty) (Stote) Detroit, Mich. Beth El Cemeter Mar. 23, 1958 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

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O HOSPITAL FUNERAL page 0 VS A15 (4) 15M 10/57

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necessory, please of director. Page of Action of Health,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03533

9569	Keg, Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
". COUNTY Mintgomery MARYLAND	o. STATE med b. COUNTY menty
b. CITY OR TOWN (If outside expande limits, write RURL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give reparest town)
Selve Spring!	The Silver Spring
d. NAME OF HOSPITAL ORINSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS 13315 Greenble Con a FARM VES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Stanley Hodges	Forey In DEATH May 11 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	. DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IF UNDER 24 HR Months Days Hours Min.
male white WIDOWED DIVORCED	11-26-57 10 3 15
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE.	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTY McL 21 S C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stanla 14 Konst	Sticle Greage
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	WFORMANT Stanley H. Know Addign
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	Time - John 2
PART I. DEATH WAS CAUSED BY:	INTERNAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (0) REAGENTEE	Fand
Condition to the second	I of dead in
gove rise to immediate couse	speaked bed,
(a), stating the underlying DUE TO cause lost.	then
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
	nter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC factor of work p. m. 19 of work of work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above	ve, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔀, ond in m
opinion death resulted from: Natural causes . Accident	
1 1	
SIGNATURE Jank J. Broschaut	_M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S FAANK J. Broschz++	ASSISTANT MEDICAL EXAMINER Max 11 1958
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	(0.010)
BURIAL 3/14/58 PARKLAWN CEMET	ERY MONTGOMERY COUNTY, MD.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STIVER SPRING	MD. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

DATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is nexecute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be foregarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL D. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

MAKANAND SYNTE DIPAREMENT DE HEALTH LOALTHACKE.
AMENICAL EX AMINER'S CONTINUENTE OF DEATH

BUREAU Y. S.

8361 P.I 9AM

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		104	CERTITIO		L OI DEAI			Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLAN		usual residence (vo. state	Where decease	ed lived. If institution b. COUNTY	2.4	nce befo		- '
B. CITY OR TOWN (RURAL and give in Sandy St	(If autside corporate limi nearest tawn)	ts, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (II		orate limits, write R andv Spri		give nec	arest town	n)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g Sandy			1	d. STREET ADDRESS						SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin Ri (cha r d	Middle Hyatt		Lost Lansdale	4. DATE OF DEATH	Mon March		Do 18	зу	Year 19 58
s. sex Male	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED		10.27.83		9. AGE (In years last birthday) 74. yrs.	IF UNDE Months	R 1 YEAR Days		ER 24 HRS. Min.
10a. USUAL OCCUPATI	ON (Give kind of wark of rking life, even if retired issioner, Mo	L T TOPE EA 1	kind of susiness or in red County, Md.	DUSTRY	11. 8IRTHPLACE (Sto Maryla				U.S.		COUNTR
3. FATHER'S NAME	Fra	aklin	THE STATE	14	. MOTHER'S MAIDEN	NAME					
	Thomas La				Eliza Li	ndsey					
(Yes, no, or unknown)	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address										
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO		rteriosclero	tic	heart dise	ase			ONS	SET AND	year year
gave rise to i	Conditions, if any, which gave rise to immediate cause (o), stating the under blue rouse led										
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH !					EN IN PAI	RT 1(a) 1	PERFC	AUTOPSY ORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUI	RRED. (E	nter nature of injury i	n Part I ar Pa	rt II af item 18.)				
20c. TIME OF INJUI Hour a. n. p. m.	RY Manth, Day, Yea	While	NJURY OCCURRED 20e. Not white t ot wark	PLACE foctory,	OF INJURY (Hame, fa , street, office bldg., e	rm, 20f. (Cit	y or town)		(County)		(Stote)
21. I certify the	hat I attended the	decease	ed fram 2.1.57		., 19 <u>57</u> ., to	2.18	, 19 58	,that I	last so	aw the	decease
alive on 2	18. My	_, 12.5 27	8, and that dec	ath oc	curred at 11:0		m the causes a treet, city or town,		the da		ed abay
PHYSICIAN'S NAME (Type)	I. W. Bird	A M.D.	Gendy God	M.D.	Maryland	me	440	1	<i>()</i>	ME	7-19
220. SURIAL, CREMATIC REMOVAL (Specify BURLAL	3/21/58	F	St. John's E	OR CR	EMATORY	22d. LOCA	TION (City, town, o		y, 1	(Stot Mary	
23, FUNERAL DIRECTOR		rey	ADDRESS Silver Spri	ng,	Md. PARE	C'D BY REGIS	TRAR 245. REGIS	TRAR'S S	GNATUR	RE	Take

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should stoched for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 wild be filed with the registror provide buriol, cremation, or remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 VS A15 (4) 15M 9/55

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1 4		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18												
. d		Mashatt	3565		CERTIFICA		Reg. Dist. No.							
iled wit		1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE o. STATE New Jerse		d lived. If institution b. COUNTY	on: Residence before admission)					
Pi (M	b. CITY OR TOWN RURAL and give Bethesda	(If outside corporate limit nearest town)		rite c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write R						rest town)			
	50	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, g	ive street oddress)		d. STREET ADDRESS		Street			ON A FARM? YES NO			
es J on		3. NAME OF DECEASED (Type or print)	fin Ric	hard	Michael.	Leck	4. DATE OF DEATH	Mon Mar		Doy 6	70			
s. Pog		5. SEX Male	6. COLOR OR RACE	7. MARRIED []	DIVORCED	8. DATE OF BIRTH June 14,	1953	9. AGE (In years lost birthdoy)	-	1 YEAR Days	Hours Min.			

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None U. S. A. Child New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Anthony Leck Mary Wojtkowski 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO No The Clinical Center, Bethesda 11. None

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cardiac Arrest, Clinical, Postoperative. Congenital Heart Disease - Ventricular Septal DUE TO Defect, status postoperative repair. Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stoting the under-Congestion, Lungs, Liver, Spleen, Kidneys, lying couse lost.

Maryland

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES X NO

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m.

March 21. I certify that I attended the deceased fram that death accurred at 9:00P M, from the causes and an the date stated above. alive on DATE SIGNED ACTUAL

The Clinical Center SIGNATUR National Institutes of Health

PHYSICIAN'S NAME (Type) CARLOS R. LOMBARDO. Bethesda ll. Maryland

22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stote) REMOVAL (Specify) Holy Cross. N. Arlington New Jersey ur-transit

ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-7557Wis. Ave. Bethesda, Md.

OR:

after death. Page

hours

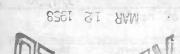
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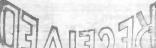
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	<u> </u>	CERTII	ICATE OF	DEATH	Re	g. Dist. No.	
o. COUNTY MONT 60	mER. Y	MARYL	O. STATE	IDENCE (Where deceased	b. COUNTY	Residence before a	
b. CITY OR TOWN RURAL and give	(If outside corporate limit	s, write c. LENGTH OF STAY I		TOWN (If outside corpo			
RURAL (BUEAR	E RUR	AL COL.	NEU) X	<	
	ITAL (If not in hospital, a	ive street address)	d. STREET		- /	e. 1	S RESIDENCE
	ie & Ga. Ave		Emo	RULANE	+ GEORGIA	Ave. Y	ON A FARM?
3. NAME OF DECEASED (Type or print)	GRA.			4. DATE OF DEATH	Month 3	Day	Year 1958
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	8. DATE OF BIR			JNDER I YEAR IF	
FEMALE	F 104	WIDOWED DIVORCED		1 1889	69 yrs.	onthe Boys H	Min
during most of wo	rking life, even if refired)	Own home			PENNSYliAN	12. CITIZEN OF W	TO STAT
13. FATHER'S NAME			14. MOTHER	S MAIDEN NAME	1	· · · · · · · · ·	
EDWAPD	QU166	FLI	Br	ridget C	ROURKI	<u>-</u>	
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR	CEST 16. SOCIAL SECURITY NO.	17. INFORMANT		Address		100
(Yes, no. or unknown)	(If yes, give wor or dates of se	NONE	LEONARD	L. LEIMBAC,	H 213 C	ST. N.W.	1.
18. CAUSE OF DE	ATH [Enter only one cou	use per line for (o), (b), and (c).]			•		AL BETWEEN
		METASTATIC	CARC	110000		ONSET .	AND DEATH
157x	DUE TO	111111111111111111111111111111111111111	27766	ra, Corring		30	JECKS,
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coëse (o), stating							
	(c)		TU BUT NOT BELATED T	O THE TERMINAL DISEASE	CONSTRUCTION CONTRACT		VAC ALITORAL
STATE OF THE STATE		DITIONS CONTRIBUTING TO DEA	IH BUT NOT KELATED I	O THE TERMINAL DISEASI	E CONDITION GIVEN I	P	ERFORMED?
	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter noture	of injury in Port I or Port	If of item 18.)		
20c. TIME OF INJU Hour o. m.	10	While Not while of work	20e. PLACE OF INJURY factory, street, office	(Home, form, ce bldg., etc.)	or town)	(County)	(Stote)
21 I certify t	hat I attended the	deceosed from / = -3	10 1052	7 10 3-11	, 19 578,th	et I lest seur	Ale deser
olive on	3 - 9			1.435 P.M. from			
Olive Oli)	, and more	deoin occorred of		reet, city or town, state		DATE SIGNE
ACTUAL	bannon C	mandeel	M.D. 186		a was		2-11-0
SIGNATURE	cyru co	7 / 600 / 6364 (5)	M.DOG	1	00 1759	7/26/02	F7C,
PHYSICIAN'S NAME (Type)	JAMES	C MANDE.					
220. BURIAL, CREMATI	ON, 226. DATE THEREO	F 22c. NAME OF CEME	TERY OR CREMATORY	22d. LOCAT	ION (City, town, or co	unty)	(Stote)
NTOMBMENT	" 3/14/58	CEDAR HILL	CEMETERY		E GEO. COU		
23. FUNERAL DIRECTO		ADDRESS		249. REC'D BY REGIST		R'S SIGNATURE	
1161UMALLI	Trumph li	VALL STITED OF	DING MD	BEACH A ST	50	J.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained TO FUNERAL DIRE

CTOR: After this certificate has been signed by the attending physician and campletely filled in betached for use as the burial-transit permit. Then please remove carbon papers. Pages I and it a burial, cremation, or removal, and in any event within 72 haurs after death.

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03536

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) ON A FARM? YES NO. Month Yeor March 19 58 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY Marvland (Prince Geo. Address Mrs. Isabelle Leizear (Wife INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NOF (County) (Stote) 3 -12, 193 Shot I lost saw the deceased ____, and that death occurred ot______M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (Stote) Arlington National Arlington, Virginia 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Bethesda, Md.

DATE MAR

0 VS A15 (4) 1SM 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH

BUREAU V. R.

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FOR STATE HEALTH DEPT

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03538

(State)

	3469 ^E	DICA	L EXAMINER'S	CERTIFICA	IE OF	DEATH	Reg. E	Dist. No		760
1, 1	Montgomery		MARYLAND	2. USUAL RESIDENCE (V		sed lived. If institu b. COUNT		ntg		ission)
£	CITY OR TOWN (If outside corporate limits, write and give necrest fown) Takoma Park	RURAL	D. O. A.	c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) // Takoma Park						
	. NAME OF HOSPITAL OR INSTITUTION (IF Sligo Creek at Carro		d. STREET ADDRESS 8109 Carr		e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF First Middle (Type or print) Lilly XXX V.				Lilley	4. DATE OF DEATH	Month Ma	rch	Day		700r 9 58
5. \$	This	7. MARRIED		April 2, 1	.888	9. AGE (In years lost birthday) 69 yrs.	Months	Days Days	IF UND Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Home					or foreign of Virgin			USA	F WHAT	COUNTRY?
13.	John Digh David	l P	rugh	14. MOTHERS MAIDEN I	1	aulas	,			
	WAS DECEASED EVER IN U. S. ARMED FORM no. or unknown) [If yes, give wor or dates of se			koma Park Po	lice	Address				
	18. CAUSE OF DEATH [Enter only one coust PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cong	· · · · ·	A Tailur	(RVAL BETW ET AND DE	
	Conditions, if any, which gave rise to immediate cause	· e	Gome						Sudden	
7	(e), staling the underlying DUE TO cause lost. (c) PART II. OTHER SIGNIFICANT COND	TIONS CON	NITO INITIALIZATION DE ATLA BATA	IOT BELATED TO THE TERM	INIAI DISEAS	T CONDITION O				
CERTIFICATION	Found dead in	She	30 Cruck - Cl	oranom	an	recti	enin Pai			RMED?
	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING A. CAUSE OF DEATH.	DESCRIBY	HOW INJURY OCCURRED. (E	nter nature of injury in Par	t I or Port	al item 18.)				
MEDICAL		White of world	k at work	ary, street, office bldg., etc.	Tak	mer RK.	(Co	nunty)		(State) Med
	21. I certify that I took charge opinion death resulted from: N		_		-	nspection [],	Inqui rmined	, ,		d in my
	ACTUAL SIGNATURE FORMAL &. 65	mar	haut	_M.D. CHIEF MEDICAL EX	KAMINER [DATE S	SIGNED
	EVA MINER'S			ASSISTANT MEDIC	AL EXAMINE	R	Ma	rch	9, :	1958

DEPUTY MEDICAL EXAMINER

240 TEC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the certificate, writing the word "pending" in pendit in them 18. Give Pages 1, 2, and 3 to the funeral did should be forested to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Funeral a CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS. A15ME

5M 2/57

EXAMINER'S NAME (Type)

220. BURIAL CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Frank J. I

Broschart

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and campletely filled in 12.70e funeral of page 3 show the detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and bould be 11. The registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.
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PLACE OF DEATH O. COUNTY	Montgomery		MARYLAND	11	USUAL RESIDENCE (WE STATE New York	nere deceased	l lived. If institutio b. COUNTY	n: Residen	ice befo	re admiss	ion)	
b. CITY OR TOWN RURAL and give i	(If outside corporate limits, nearest town)	write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF	outside corpo	rote limits, write RL	JRAL ond	give neo	arest fowr	1)	
Bethesda			44 days		Jamaica		1.9x-	3				
OR INSTITUTION	. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION he Clinical Center, Bethesda 14, Md. 85-26 Edgerton Boulevard									e. IS RESIDENCE ON A FARM? YES NO 13		
3. NAME OF	First	011	Middle		Lost						-	
(Type or print)	Irvi	ina	David		Lipman	4. DATE OF DEATH	Mont		00	•	Yeor	
5. SEX		0	IED NEVER MARRIED	I R D	ATE OF BIRTH		9. AGE (In years	IF UNDER	20		1958	
Male	1	/IDOWE		Se	ptember 18		last birthdoy)	Months	Doys	Hours	Min.	
On USUAL OCCUPATI	ION (Give kind of work dor	ne 10b.	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CI1	IZEN O	F WHAT	COUNTRY	
Manufacti	rking life, even if retired)	1	anufacturing		New York				U.S.A.			
13. FATHER'S NAME				14	. MOTHER'S MAIDEN N							
Charles 1	Lipman				Rose Lic	htman						
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE	57 16.	SOCIAL SECURITY NO. 17.	. INFO	MANT The Med		Rea and Addre	255				
No	(If yes, give wor or dates of servi		ascertainable		he Clinical				71.	Masw	ele nd	
PART I. DE Conditions, if of gove rise to couse (o), stoting lying couse lost. PART II. OI PART III. OI 20a. ACCIDENT W OR CONTRIBUTING	immediate DUE TO (c)_ THER SIGNIFICANT CONDIT	R R R R R R R R R R R R R R R R R R R	ETASTATIC HIMO PARC ONTRIBUTING TO DEATH BI ESPIRATORY CRIBE HOW INJURY OCCUR	ANA UT NOT	RELATED TO THE TERMI	NAL DISEASE BRO	CONDITION GIVE	N IN PAR	T 1(0) 1	9. WAS PERFO	DEATH HYS.	
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year	While of work	Not while of work	factory,	OF INJURY (Home, form street, office bldg., etc.	20f. (City	or town)	(4	County)		(Stole)	
	hat I offended the dech 20	185 K	: How		The Clini	adoress (shical Conal I	the couses or	nd on ti	he doi	te state	deceosed above ATE SIGNED	
220. BURIAL, CREMATIC REMOVAL (Specify Burial		58	22c. NAME OF CEMETERY Mt. Araret				ngdale, I		Isl	(Stote		
23. FUNERAL DIRECTOR			ADDRESS Wash	., 1	O, D. 0240 MASK	D, BY REGISTI						
Bernard Dar	nzansky & Sor	15	3501 14th St.	N.	W. DATE	2 4 '58	Illed	e Rice	1			

CERTIFICATE OF DEATH

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03540

3569 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY Clark MARYLAND Montgomery Maryland Indiana b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest town) (Rural Bethesda D.O.A. Jeffersonville Lexington Park d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION U.S. Naval Hospital, NNMC, Bethesda Md Cedar Grove Trailer Park YES NO 3. NAME OF Middle Lost 4. DATE Day Year DECEASED (Type or print) Vicki Lynn 1958 LOGSDON 9 DEATH March 5. SEX 7. MARRIED NEVER MARRIED X 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Female White WIDOWED | DIVORCED [March 1950 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. None None Mgryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Donald R. LOGSDON Katherine D. WHISMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No Father Donald R. Logsdon (same None CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (o), stating the undernmasures e lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

CAL

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year a. m Not while ot wark at work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (Stote)

9 March 19599 21. I certify that I attended the deceased from 9 March ...that I last saw the deceased and that death accurred at 4:10P.M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL

U.S.

3-10-58 Naval Hospital, Behtesda, Md.

Ul reduch

Russell Miller. Jr.

ly's / Leonardtown.

U.S. Naval Hospital. Bethesda. Md.

220. BURIAL, CREMATION, 22b. DATE THEREOF BUT 12 3-12-58	Ebenezer Cemetery	Great Mills, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE

Maryland

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BUREAU V. S.

Let 636I, To NAM (Lotte Bolt Library 1923 1923

Compared Addition of the Compared Compa

	CERTIFICATE OF DEATH Reg. Dist. No.											
1.	PLACE OF DEATH o. COUNTY Montgome	35 ry	10	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland		lived. If institu b. COUNT	tion: Residence I Montgom	before admiss ery	on)		
	b. CITY OR TOWN (IF	outside corporate limi	ts, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpore	ote limits, write	RURAL ond give	riegrest town)		
	Olney	arear rown,	30	lays	56 Silver S	Spring						
1	OR INSTITUTION	AL (If not in hospital, g			d. STREET ADDRESS	חל ה	+ //7	Der 170		IDENCE FARM? NO		
-	ontgomery				Norbeck			Box 170				
3.	NAME OF DECEASED (Type or print)	Fir Jo	seph	Middle John	Lomax	4. DATE OF DEATH	Marc	eh	0"	reor 19 58		
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 80	5	AGE (In year lost birthday)	IF UNDER 1 Y				
	Male	Negro	WIDOWED [DIVORCED [12/25/78		77 yr		ys Haurs	Min.		
10	o. USUAL OCCUPATIO	N (Give kind of work	done 10b. KIND	OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stote	or foreign cou	intry)	12. CITIZE	N OF WHAT	COUNTRY?		
Г		Farmer			Washing	ton. D.	C.	U	2S.A/			
13	FATHER'S NAME				14. MOTHER'S MAIDEN I							
	เมาเวา	iam Lomax			Louise	Willia	ms					
	WAS DECEASED EVER	IN U. S. ARMED FOR		AL SECURITY NO. 17	INFORMANT	11		dress				
ĮΥ	es, no, or unknown)	If yes, give war ar dates of s	ervice)		Emanuel H.	Lomex		Same				
F	IB. CAUSE OF DEA	TH [Enter only one co	use per line for	(a), (b), and (c),]	Panetrace II.	Домож			INTERVAL BE	TWEEN		
	112 112 112	TH WAS CAUSED BY:		Gram					ONSET AND			
	1143X	IMMEDIATE CAUSE (o		1	. (7)				100			
	Conditions, if or		1-1	1201 L L 106	> continue	1, 1-			10	4.		
	gove rise to in	nmediate		2 %	0 1	1	1		311.0			
	lying couse lost.	he under-	12 Mil	rex Pensine	(Cardin lie	sculo	० काइर	676	14.	2		
NO.	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONT	RITUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE	CONDITION G	IVEN IN PART 1	a) 19. WAS	AUTOPSY RMEDQ.		
S	490x) 4					YES 🗌			
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port	Il of item 18.)					
MEDICAL	Hour o. j p. m.	Month, Day, Ye	While	OCCURRED 20e. Not while of work	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	n, 20f. (City (or town)	(Cou	nty)	(Stote)		
	21. I certify th	at I attended the	deceased fi	rom 3/	195 %, to	3/2	5 125	that I las	t saw the	deceased		
	alive on	3/25	1958		th occurred at	P.M. from	the courses	and on the	date state	d above		
	dive on	(XXI)	1	,_, and mar dec	m occorred at see-		set, city or town			ATE SIGNE		
	ACTUAL SIGNATURE	1. 14.	72		M.D							
	PHYSICIAN'S NAME (Type)	C. H. Lig	on, M	\.	Sandy S	Spring,	Maryla	nd				
22	PENDIAL CREMATIO	N, 226 DATE THEREC	18 no	NAME OF PENETERY	OR CREMATORY)	22d. LOCATI	ON City, town	of county)	(Sigh	=)		
23	PUNERAL DIRECTOR	SONATURE /	7	ADDRESS 0		D BY REGISTR	AR 24b. REC	GISTRAR'S SIGNA	ATURE			
	11 av and 4	11.2.11	. /	1 100 /2 11	1/2 1/11		16	2 5	in the second			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician

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TYPE AWARDS

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VS A15 (4) 15M 10/57

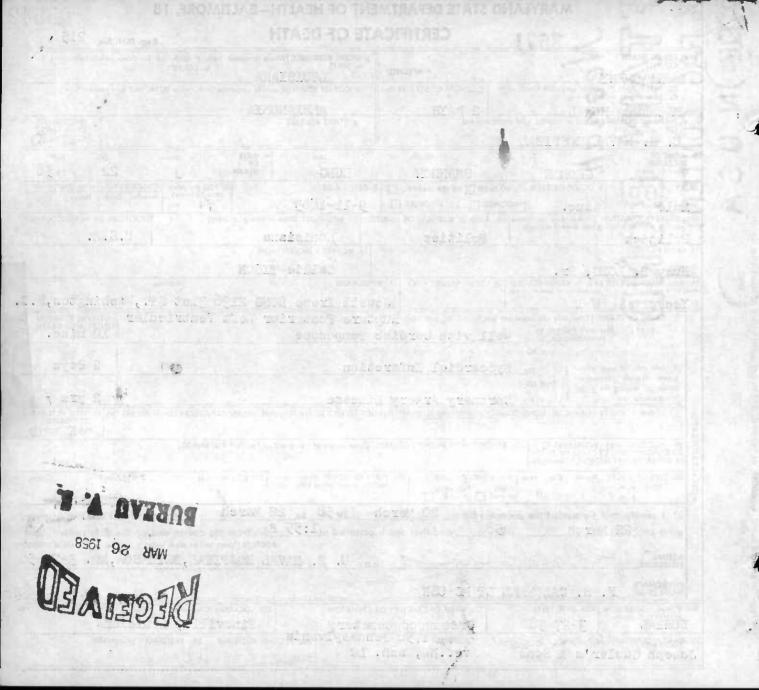
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03542

CERTIFICATE OF DEATH 3571

Reg. Dist. No.

	PLACE OF DEATH O. COUNTY MONTGOMER	Y		MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)										est lawn)	V
-	BETHESDA RURAT. 2 DAYS ALEXANDRIA 5 (X - 3 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS									100	IS RESIDE	FNCF
	OR INSTITUTION U. S. NAVAL HOSPITAL									1.	ON A FA	ARM?
3.	NAME OF	Fi		Middle		last	4. DATE	Mor	46.	Day		
	DECEASED (Type or print)	CEASED				LONG DEATH 3			ım	22	Yec . 19	58
5.	SEX	6. COLOR OR RACE 7. MARRIED NEVER MARRIE				B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months			
	Male	Cauc.	WIDOWI	DIVORCED		9-11-1883		74 yrs.		Doys	Hours	Min.
10o	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	e or foreign	country)	12. CIT	IZEN OF	WHAT CO	OUNTRY?
	Politics	ting me, even if renred	,	Politics		Louisáa	na		U	.S.A.		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Huey P. LO	NG. Sr.				Callie	TISON					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 11	NFORMANT		Add	ress			
	Yes	WWL	an vice)		Je	well Irene L	ONG 2	136 31st	ST.,W	ashi	ngton	,D.C
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Rupture Posterior Left Ventricular INTERVAL BETWEEN ONSET AND DEATH DE										EATH	
	_Conditions, if a		Myc	cardial In	fare	tion				2	days	
	gave rise to i couse (a), stoting	mmediate (
	lying couse last.		Cor	onary Arter	ry I	isease				2	yrs	+
CATION						NOT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PART		WAS AU PERFORM YES N	ED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	TRIBE HOW INJURY OC	CURRED	D. (Enter noture of injury in	Port I ar Po	rt II of item 18.]				
MEDICAL	Hour o.m. p.m.	Y Manth, Day, Ye	While at worl	Not while	foc	ACE OF INJURY (Home, fari tory, street, office bldg., etc.	(c.)			County)	- 5g	(State)
	21. I certify the alive an 22	at I attended the	decease , 195	ed fram 20 M	arch death	1 , 19 58 , to 2 accurred at 1:55	PM, fro	m the causes of treet, city or town,	and an th	ast säv ne date	the de	abave.
	ACTUAL SIGNATURE	Hase	lens	rec		W.D. U. S. NAV				A,MD	. 3-2	2-58
	PHYSICIAN'S NAME (Type)	S. CALDW	ELL I	T MC USN				Y SA			1	
	BURIAL (Specify)			Greenwood	. Ce	metery	Pir	TION (City, town, oneville,	Louisi	lana	(State)	
234	Buveryputeron oseph Gaw]	er's & Son	sone	ADDRESS 175	o Pe	DC DC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATURE		



ADDRESS

Prince George, Md.

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

DATE

0 VS A15 (4) 15M 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

Se Company of the Com AAN!

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	00	16					Keg. Dist. P	NO.
1. PLACE OF DEATH a. COUNTY			MARYLAND	2. USUAL RESIDENCE (W	Vhere decease	d lived. If instituti b. COUNTY		efare admission)
Montgo				Maryland				tgomery
RURAL and give n	If outside corporate limited earest lown)	its, write c	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carpa	prote limits, write f	RURAL ond give	nearest lawn)
Silver	Sprring			56 Silver		. Spri	ng	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street add	dress)	d. STREET ADDRESS				e. IS RESIDENCE
	ace Churc	h Ros	d	1917 G	race	Church	Road	ON A FARM?
3. NAME OF	Fi		Middle	Last	4. DATE			
(Type ar print)		garet	L.	Lowe	OF DEATH	Mar 3	3	Day Year 1958
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)		AR IF UNDER 24 HRS.
Female	White	WIDOWED	DIVORCED [June 10	1867	QO yrs.	Manths Day	Haurs Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b. KII	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e ar fareign a	ountry)	12. CITIZEN	OF WHAT COUNTRY
	king life, even if retired	1) l	Tilo - la s'an		D C	TT	
HOUSEW	mire		Jwn home	Washin		,0.0.	U	5
13. FATRICK S NAME				14. MOTHER 5 MAIDEN	NAME			
	in F. Lar			in M	argar	et E. S	tewart	
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		CIAL SECURITY NO. 17.	INFORMANT		Add		
No	(ii) yes, give wor or outer or t		Jone F	loward Larc	ombe 0	8422 Ga	. Ave.	5 5
	ATH [Enter anly one co			i lait	OHIOCO	OHER VA		NTERVAL BETWEEN
	TH WAS CAUSED BY:	//	NGESTI	IE HEART	+AIL	LURF.		NSET AND DEATH
1,0	IMMEDIATE CAUSE (o)	770 0 23 171	EIII	////			1.week
420.1	DUE TO	M	1100000011	1 110	100	-1011		10 day
Conditions, if o)	YOCARDIA	LL -NFI	4166	1100	/	Carried
gove rise to i								
lying cause last.	10	1						
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	WINAL DISEAS	E CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
) AT								PERFORMED?
200 ACCIDENT W	AS UNDERLYING []	20h DESCRI	BE HOW INTERV OCCUPA	D. (Enter nature of injury in	Part Las Par	4 II of item 10 1		I IES [] NO []
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRI	BE HOW INJOK! OCCORRI	D. (Enter nature at injury in	ran i ar ror	i ii or iiem is.j		
20c. TIME OF INJUR Hour a. m.	Y Month, Day, Yes	or 20d. INJU		ACE OF INJURY (Home, for	m, 20f. (City	or town)	(Count	ty) (State)
Hour a.m.	19	While	Nat while at work	ctary, street, affice bldg., et	tc.)			
				110 -	11/2/10		7	
21. I certify th	at Lattended the	deceased		, 1948, to 3	UIJAR	19 23	S,that I last	saw the decease
alive on 2	1/ARSCH	, 19 2	$S_{}$, and that death	occurred at 2-P	M, from	n the causes o	and on the c	date stated abov
	-100	-			ADDRESS (S	treet, city or tawn,	state)	/ DATE SIGNE
ACTUAL	05:0.	7000	w	40 9013F	LOWE	ER AVE		3/30/58
3101141012				SILVER	500	2/11/-	Trevi	AND
PHYSICIAN'S NAME (Type)	L. B. Sno	32.7		SILVER	SPR	1,00,1	14-7-	4.0
				.=44	T			
22a. BURIAL, CREMATIC REMOVAL (Specify)	DATE THEREC	2	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCAT	TION (City, town,	ar county)	(State)
Rurial	4/1/58	3	Glenwood	Cometery	To?	ashingt	on D.	C
23. FUNERAL DIRECTOR			ADDRESS	24a. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SIGNAT	TURE
Robert A	. Pumphre	ву Ве	ethesda, Ma	aryland DATE	DD 3	E0 0.	1 -	1
						- L	1-eau	*

funeral director, uld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 O FUNERAL DEPCTOR: After this certificate has been signed by the ottending physicion and completely filled in by page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. by the hospital ar ottending physician. TO FUNERAL DIP VS A15 (4) 15M 10/57

CERTIFICATE OF DRATH

EATORAS

BUREAU K. E.

8361 E 99A



M.D.

Kensington, Maryland

24a. REC'D BY REGISTRAR

smeller

22d. LOCATION (City, town, or gounty)

246 REGISTRAR'S SIGNATURE

(Stote)

Thibadeau.

death. certificote TO FUNER VS A15 (4) 15M 9/55

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)

TESTATOR.

FOR STATE HEALTH DEPT.

of Heolth, M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral 4 should be for a preded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for FUNERAL 16. CLOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State F or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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6/3	07	Ö	č
IY MEDICAL EXAMINER: This certificate sl	the certificate, writing the word "pending	EX	70
ific	be	icol	250
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Sig.	WO	2	ping
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floor		20	die

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		357	1		Reg. Di	st. No.
1, Pi	ACE OF DEATH COUNTY MC	ntgomery		MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE D. C. b. COUNTY	nce before admission)
b.	CITY OR TOWN (IT and give nearest fown	outside corporate limits, write Spring	RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and Washington	give neorest town)
d.		AL OR INSTITUTION (If nat in hosp	itol, give street address)	d. STREET ADDRESS 1013 8th St., N.W.	e. IS RESIDENCE ON A FARM? YES NO
D	AME OF ECEASED ype ar print)	Joshua		Mathew	Lost 4. DATE Month OF DEATH Mar. 30.	Doy Yeor 1958 19
5. SE	male	6. COLOR OR RACE	7. MARRIES	DIVORCED DIVORCED		YEAR IF UNDER 24 HRS. Days Hours Min.
10a.	USUAL OCCUPATION of working	ON (Give kind of work g life, even if retired)	dane 10b. KI	ND OF BUSINESS OR IND	76 7 1	USA
	ATHER'S NAME	Gilbert Ma			14. MOTHER'S MAIDEN NAME Minerva Selby	
15. V	WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16. S	OCIAL SECURITY NO. 17	Montg Co. Police Record	
	98/X Canditions, if o gave rise to immed (a), stating the cause last.	diate cause pure to	atel shot Lace	ectasis of gun wound ration of	upture of diaphram and both lungs & hemorrhage in upper left abdomen spleen & Severance of transv NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
L CERTIFIC	200. EXTERNAL CAL PRIMARY 10 or COI CAUSE OF DEATH. 20c. TIME OF INJUI 12.40. m.	ALKIBOLING []	Shot	by brothe	(Enter nature of injury in Part I or Part II of item 18.) r with 12 Ga. shot gun LACE OF INJURY (Home, form, clary, street, office bldg., etc.) Country, street, office bldg., etc.)	nly) (Stote)
	21. I certify the opinion death ACTUAL SIGNATURE	resulted from:	of the re	emoins described o	home Sandy Spring ove, held an Autopsy , Inspection , Inquir . Suicide , Homicide , Undetermined m M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Mar. 30	, and in my
		N. 226. DATE THEREC		Ash Memori	1, Sandy Spring, Md.	(State)

NOTE LOCALON OF THE THE WAR DETERMINED TO SELECTION OF THE PROPERTY OF THE COURS AND SALES AND AND AND THE PARTY. 8381 8 A9A formed day to be a company of the contract of

CERTIFICATE OF DEATH

03547 Rea, Dist. No.

e funeral director, auld be filed with may be retained by the haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shauld detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar parat to burial, crematian, ar remaval, and in any event within 72 hours after death.

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TO FUNERAL DIRECT PAGE 9

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

		3471	CERTIF	ICATE OF I	DEATH		Reg. Di		OTI
1.	PLACE OF DEATH o. COUNTY	ntgomery	MARYLA	O STATE	DENCE (Where de	ceased lived. If ins b. COU		ce befare adn	nission)
-	b. CITY OR TOWN (If outsi RURAL and give negrest Takoma Far	lown)V	c. LENGTH OF STAY IN		TOWN (If outside	corporate limits, wr	te RURAL and	give nearest to	iwn)
		San, tar jum		d. STREET / 5420	0	est Au	e N.u	ON	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	obert First	Buchanan	meCano		ATE F EATH	Month 3	Day //	Year 1958
L	male 4	olor or RACE 7. MARRI WIDOWE	D DIVORCED	11-1	-85	1 / ~	ors IF UNDER Manths yrs.	1 YEAR IF UN Days Hau	
	a. USUAL OCCUPATION (Gi during most of warking lif Petired - Deput	e, even if refired)	CIND OF BUSINESS OR		LACE (Stole or fare	eign country)	12. CIT	U.S.	AT COUNTRY?
	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				-
	John Me C	andless		Kare	Bucha	nan			
15	. WAS DECEASED EVER IN L	I. S. ARMED FORCES? give wor or dotes of service)	OCIAL SECURITY NO.	Washing	on San	+ Hosp Re	Address		
	PART I. DEATH W.	DUE TO	e for (0). (b). and (5).] Cuts when theirschi	osis	grade	I Infai	the	INTERVAL ONSET AN	BETWEEN ND DEATH
	gave rise to immed cause (a), stating the <u>un</u> lying cause last.	oder- DUE TO (c)	the low	•				0	
CATION		SNIFICANT CONDITIONS C	relente,	verwegh	+			1 1(a) 19. WA PER YES	FORMED?
A CERTIFI			RIBE HOW INJURY OCC)		
MEDICA	20c. TIME OF INJURY Mo Haur a. m. p. m.	While	UURY OCCURRED 20 Not while at work	e. PLACE OF INJURY (factory, street, affic	Hame, form, 20f e bldg., etc.)	(City or town)	(0	County)	(Stole)
	21. I certify that I alive on	attended the decease		eath occurred at		fram the cause iss (Street, city or to			
	PHYSICIAN'S NAME (Type)	25. H. VI	OLOHON		Was	shinexo	1, D	C	n yn yn yn eil eu au au au ju g a da'i an au au au au au au au au a
22		b. date thereof 3–13–58	22c. NAME OF CEMETE			OCATION (City, to	wn, ar county)	_ `	lote)
-			East La	WII		neldon		Low	ra.
23	FUNERAL DIRECTOR'S SIGN	NATURE	ADDRESS	-10	24o. REC'D BY R	EGISTRAR 24b. R	EGISTRAR'S SIC	SNATURE	
4	MININ P	unaluna.	Mm9 11)	6 tema Nu	PATE MAR 1	3 '58	086	uh-	
/		Wash	ington, D.	J.					

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			Service of the servic
			ACT SCHOOL STATE COLUMN
BUREAU E		Man to start the	and an extraction of states for the state of
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funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 most post in the state of the hospital or ottending physician.

To FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the page 3 should felached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior to burial, cremotion, or removal, and in any event within 72 hours after death.

1. P	PLACE OF DEATH	307 Montgomery	3	MARYLA		SIDENCE (Whe		lived. If instituti b. COUNTY	on Reside	ist. No.	
	RURAL ond give ne	Bethesda		c. LENGTH OF STAY IN		0		ote limits, write R			
d	OR INSTITUTION	AL (If not in hospital, g Subu		Hospital	5708 C	ADDRESS Breenla	wn Dri	ive	4		e. IS RESIDENC ON A FARM YES NO
(1	NAME OF DECEASED Type or print)	fir Al	су	Middle J.	McCrac		4. DATE OF DEATH	Mor Mar		12	Yeor 1958
5. \$	Female	White	WIDOWE		Novembe	r 3, 1	910	9. AGE (In years lost birthdoy) 47 yrs.	IF UNDE Manths		Hours Mi
	Hor	N (Give kind of work on the life, even if retired nemaker	done 10b. K	CIND OF BUSINESS OR		PIACE (Stote o	r foreign co	untry)		J.S.A	F WHAT COUN
		rt Perry			14. MOTHER Fan	's MAIDEN NA	Shou	ıp			
IYes,		IN U. S. ARMED FOR f yes, give war or dates of s	ervice)	None	Joe B. Mc	Cracke	n.Husb	and B	708 Cethes	reen	lawn Dr Marylar
- 1	ID CALLES OF DEAT	na fn .									
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	M	e for (o), (b), and (c).]			Liver			INTE	RVAL BETWEEN ET AND DEAT MONTHS
	PART I. DEAT / 70 X Conditions, if on gove rise to im couse (o), stoting to	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which) (b mediate (, M		arcinoma o	of the	Liver			ONS	ET AND DEAT
	PART I. DEAT / 70 X Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate the under- (c)) M	etastatic (arcinoma d	of the			EN IN PAI	oys	year D. WAS AUTOP PERFORMED?
CERTIFICATION	PART I. DEAT / 70 X Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate he under- R SIGNIFICANT CON UNDERLYING) M	Adenocarcin	arcinoma doma left k	of the	IAL DISEASE	CONDITION GIV	'EN IN PAI	oys	er and bear months year was autop
CERTIFICATION	PART I. DEAT / 70 X Conditions, if on gove rise to im couse (o), stoting #1 lying couse lost. PART II. OTHE	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate the under- (c R SIGNIFICANT CON LUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)) M	Adenocarcin ONTRIBUTING TO DEATH RIBE HOW INJURY OCCURRED Not while	arcinoma doma left k	of the oreast OTHETERMIN of injury in Po	IAL DISEASE art I or Port	CONDITION GIV		oys	year D. WAS AUTOP PERFORMED?
MEDICAL CERTIFICATION	PART I. DEAT / 70 × Conditions, if on gove rise to im couse (o), stoling it lying couse lost. PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING IN CONTRIBUTION IN CONTRIBUT	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate he under CER SIGNIFICANT CON UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) Month, Doy, Yec	DITIONS CC 20b. DESCI	Adenocarcin Adenocarcin ONTRIBUTING TO DEATH RIBE HOW INJURY OCCURRED JURY OCCURRED Of work of from December	arcinoma doma left k BUT NOT RELATED T URRED. (Enter nature e. PLACE OF INJURY foctory, street, office	OTHETERMIN of injury in Po (Home, form, ce bldg., etc.)	20f. (City of Man, from	CONDITION GIV II of item 18.) or lawn)	.,that I	County)	year Was autop PERFORMED? YES NO
MEDICAL CERTIFICATION	PART I. DEAT / 70 × Conditions, if on gove rise to im couse (o), stoling it lying couse lost. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o.m., p. m. 21. I certify the alive on Marcual signature	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate he under CER SIGNIFICANT CON UNDERLYING CON LUNDERLYING CON Manth, Doy, Yea 19 It I attended the h 11 LULL LULL LULL LULL LULL LULL LULL	DITIONS CO 20b. DESCI 20d. IN. While of work decease 19 5	Adenocarcin Adenocarcin ONTRIBUTING TO DEATH RIBE HOW INJURY OCCURRED JURY OCCURRED Of work d from December 8 and that d	BUT NOT RELATED T URRED. (Enter nature e. PLACE OF INJURY factory, street, officer 31, 19 56 eath accurred of M.D. 500 Del Ray A	OTHETERMIN of injury in Po (Home, form, ce bidg., etc.) 12:35	20f. (City of Doress (Street Bethe	CONDITION GIV II of item 18.} or lawn) the causes a set, city or town,	that I	County)	. year . was autoper personned yes No

MARYLAND STATE DEPARTMENT OF HEALTH_BALTIMORE 10

BUREAU V. S.

8261 P. I 84M



2847 Wilson Blvd., Arlington AR 2

15M 9/55

24a. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

as an age well of the bything littles with his .

BUREAU V. S.

6361 FG W



e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO 1

(Stote)

DATE SIGNED

(County)

Day

ON A FARM?

Year

1950

NO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. SEE! CO MAM

	29	0	CERTI	FICA	IE OF DEA	ПП			Reg. E	Dist. No.	215	
1. PLACE OF DEATH a. COUNTY Montgomer			MARY	LAND	2. USUAL RESIDENCE o. STATE Mar	yla	nd	b. COUNTY		Mo	nt.	
RURAL ond give ne	_ <	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN			rote limits, write R	URAL ond	I give ned	arest town	n)
Bethesda (R d. NAME OF HOSPITA OR INSTITUTION U.S. Naval	AL (If not in hospital, g			lays	d. STREET ADDRESS	5	gton	Lane				SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Fir Catha	st	Middle Normar	1	lost MC FARLAI	1	4. DATE OF DEATH	Mon Mar c		Do 1	ру	Yeor 19 58
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED B.	DATE OF BIRTH			9. AGE (In years lost birthday)				ER 24 HRS
Female	White	WIDOWE	DIVORCE		28 Oct. 192	29		28 yrs.	Months	Days	Hours	Min.
Da. USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTI	RY 11. BIRTHPLACE (S	tote or	r foreign c	ountry)	12. C	ITIZEN C	OF WHAT	COUNT
Housewife		1	None		Texas					U.S	•	
. FATHER'S NAME					14. MOTHER'S MAIDE	EN NA	ME					
Oliver LeGr					Sara Del:	ia	WARDE					
S. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO	. 17. INF	ORMANT			Add	ress (S	ame .	As #	2)
No		I	Jnknown	(Hus	sband) Wil.	lia	m D.	MC FARLA	NE,	JR.		
Conditions, if or gove rise to in couse (o), stoling t lying couse lost.	nmediote ()	endymeras	of C	Sawred Spe	not	Core	0		1 .	SET AND	
PART II. OTH	er significant con	DITIONS C	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TE	RMIN	AL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC	AUTOPS
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter noture of injury	in Po	rt I or Pari	I II of item 18.)				
20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yeo	20d. IN While at work	Not while at work	20e. PLAC facto	E OF INJURY (Home, try, street, office bldg.,	form, etc.)	20f. (City	or tawn)		(County)		(State
		, 12 5 LCD	R, MC, USN	death o	U.S. Nev	25A Al Bl	M, fran DORESS (SI HOSPI HOSPI	n the causes of treet, city or town, tal, Bet tal, Bet	and on stote) hesd:	the do	id .	ed aba ATE SIGN 3-19
Burial (Specify)	3-21-58	7	Parklawn					rille, Ma			(Stot	e)
3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24o. R	EC'D	BY REGIST	RAR 24b. REGIS	STRAR'S S	IGNATUI	RE	
R.A. Pumphr	ey, 7557 W	iscon	nsin Ave.,I	Bethe	sda, Md DATE	MAR	121 '5	8 Cu.	Lear	uch		

TO HOSPITAL OR MSI (4) 212 (4)

by the haspital or ottending physician.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.: Page 4

CTOR: After this certificate has been signed by the attending physician and completely filled in by the tocked for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 1

or to burial, cremation, ar removal, and in any event within 72 haurs after death.

M

51

funeral director, uld be filed with

	fittetti		1. 1.	
	more, allenger	erpo 7. ong 22		
	ia isiyin Pik			
e la la la maran	HARL AND A CO	man Yall		
		Tulo de la company	10.141	
	tageta		- 11 (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	THE WASTER OF THE WASTER			v.:
,		tal) mescular		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HIARD TO BEATH

U.B. Einstein John Str., De seuchen, 11. 32

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VS.	AISME
51	2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 03553

	000	1_/							-		
1. PLACE OF DEATH	Montgomery		MARYLAND	A CTATE		Where deceo	sed lived. If inst		ence bef	ore odmi	ision)
b. CITY OR TOW	N (If outside corporate limits, write	• RURAL	c. LENGTH OF STAY IN 16				porote limits, wr	ite RURAL on	d give n	earest tov	vn)
Bethesda	1 1		9 Hr. 45 min.	T	hila	delph:	ia	75 x	-3		1
	SPITAL OR INSTITUTION (If not in hosp		d. STREET A				1-3/			SIDENCE
U.S Nava	l Hospital, I	Bethes	da, Maryland		59 W.	Queen	Lane				NO A
3. NAME OF DECEASED	Fire	si	Middle	Last		4. DATE	Mo	inth	Doy	Ye	ear
(Type or print)	Will	iam	Leo	MC HU	H	DEATH	Mar	ch	1	3 19	58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH			9. AGE (In years lost birthday)	-		IF UNDE	
Male	White	WIDOWED	DIVORCED	29 Sept.	193	17	20 yr	s. Months	Doys	Hours	Min.
during most of w	ATION (Give kind of work orking life, even if retired)		IND OF BUSINESS OR INDUST	_			country)			F WHAT	COUNTRY?
Mariner		U.S	. Marine Corps		<u> </u>				J.S.		
13. FATHER'S NAM				14. MOTHER'S							
	lip MC HUGH			Ellen I	Berth	a THO					
15. WAS DECEASED	EVER IN U. S. ARMED FO	service)		FORMANT		130	Addre			**	
Yes - Cu	rrently	18	9 30 0935 MMC	ther) M	s. E	llen]	B. MC HU	GH (Sa	ame 1	As #a	2)
100 100 100 100 100 100 100 100 100 100	DEATH (Enter only one cou	use per line f	or (o), (b), and (c).]						QNSI	VAL BETWE	3H
PART 1.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Cer	ebral Hemorrha	ge and I	acer	ation			9	Hr.4	5 min
919,3	DUE TO										
	f ony, which) (b)	Bul	let wound thro	ugh skul	11						
	mediate couse DUE TO	10-2-3									
couse lost.	(c))									
Z PART II.	OTHER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION	GIVEN IN PA	RT 1(a) 1	9. WAS A	UTOPSY
\$										YES 🚾	NO
PART II, 200. EXTERNAL PRIMARY 19 or CAUSE OF DEA	CAUSE WAS CONTRIBUTING	05. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of inj	ury in Pox	rt I ar Port II	of item 18.) S	ustair	ing	ini	ייי
	TH.	Playin	ng with loaded	pistol.	uni	ntenti	onally	discha	reed	1	- 3
20c. TIME OF I	NJURY Month, Doy, Yes	or 20d. II	NJURY OCCURRED 200. PLAN	CE OF INJURY (H	lome, forn	n, 20f. (Cil)	y or lown)		unty)		(State)
6:45 P	March 12 19	58 While	Not while Navy	ory, street, office r Gun Fac			ashingto	on. D.	C.		
			emains described abo			FF-	nspection [. and	d in my
			auses . Accident		-	Hamicide		termined	,		,,
ACTUAL SIGNATURE ~	9-11	Bun	shart	M.D. CHIEF M	EDICAL E	XAMINER [DATE S	IGNED
SIGNATURE	Thema d.	-44.5-2	centre.		NT MEDIC	AL EXAMINE	R 🔲		2 7	h =0	
EXAMINER'S NAME (Type)	Frank J. Bro	oschar	t, MD	DEPUTY	MEDICAL	EXAMINER	S		2-1	.4-58	144
220. BURIAL, CREM	ATION, 226. DATE THEREC	OF	22c. NAME OF CEMETERY OR	CREMATORY		22d. LOCA	TION (City, tow	n, or county)		(Stote)
Burial (Spe	3-17-58		Nat'l Cemetery			Bever		Jerse	y		
23. FUNERAL DIREC			ADDRESS		24a. REC	D BY REGIS	and the same of th	GISTRAR'S SI	N.	RE	
W.W. Char	mbers, 1400 C	hapin	St., Washingto	n.D.C.	DATEMA	AR 1- 7 'S	18 100	A Au	al.		

Terment at

BUREAU V. R.

8261 7.1 9AM

BARDAR

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pending in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded 2 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TO FUNERAL SECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar page to burial, cremation,
cessory,	o burial
lay is ne director files.	d J
any de funeral	registro
3 to the	with the
2, and by be re	1 and 2
24 haurs Pages 1,	s bodes
within Give PM3. Pc	mit. Fil
executed Item 18 th form	ansit per
pencil in	burial-tre
icate shaing in Office o	ed as a
his certifd 'pend	ld be us
INER: TI the ward licol Exc	e 3 shau
writing writing	OR: Page
Historie,	FCT
EPUTY A	emovol.
cute fary	TOF
VS. A15/	ME(5)

	Montg			M	ARYLAND	2. USUAL RESIDENCE a. STATE Mar	(Where decea yland	sed lived. If Institution b. COUNT	Υ		ore admir	
b. CIT	Y OR TOWN (II o	ulside corporate limits, write	RURAL	c. LENGTH OF ST	TAY IN 16	c. CITY OR TOWN	(If autside cor	porate limits, write	RURAL and	give n	earest tov	wn)
	Rethe			D.O.		X Bethe	sda.					
d. NA	ME OF HOSPITAL	· OR INSTITUTION (1	f not in hosp	ital, give street od	dress)	d. street address	th ur y	Dr.		H	ON	A FARM
NAM DECE (Type		Fin Rot	ert.	Middle T. Mc	Kinla	Last	4. DATE OF DEATH	March	9; 45	ADOY:	9581	ear 9
. SEX		6. COLOR OR RACE	7. MARRIE					9. AGE (In years	IF UNDER			
M	ale	White	WIDOWED	4 -		Sept. 13.	1908	lost birthday)	Months	Days	Hours	Min.
Oa. USL	JAL OCCUPATION	(Give kind of work of	done 10b. KI	ND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (Sto		the state of	12. CITI	ZEN OI	F WHAT	COUNTR
during	-	life, even if retired) WVer		U.S. Gov.		Ch	icago.	777		TT	S.A	
3. FATE	HER'S NAME	MAGT		0.D. QUV		14. MOTHER'S MAIDEN		1-1-0		Ua	Jeh	
	Poho	mt IJ Mo B	73 v.7 ove				77.L7	m.aa				
5. WAS		IN U. S. ARMED FOR	RCES? 16. S	OCIAL SECURITY N	NO. 17. IN	FORMANT	Ethel	Todd Address				
es, no. o	r unknown) (I	t yes, give war or dates of s	service)	None								
Yes		World War			,	Wife (Sa	me as	above)		Livere	NAME OF TAXABLE	77.1
18.		WAS CAUSED BY:	se per line ro	or (a), (b), and (c).	1					ONSE	EVAL BETWE	TH
19	73 1 1	AMEDIATE CAUSE (0)	u	gliger	u					1	-10	dur
	10.1	DUE TO	01	//				1			- ac	1.
	nditions, if ony e rise to immedia		Ca	ston 1	min	- Release	an	~ 7		1	- 200	~~~
								/		100		
1 2 64	stoting the un							/				
	se lost.	(c).				<u> </u>		/				
cou	se lost.	(c).	DITIONS CON	NTRIBUTING TO DI	EATH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	7(o) 1	P. WAS A	AUTOPSY
cou	se lost.	(c).	DITIONS CON	NTRIBUTING TO DI	EATH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART		9. WAS A PERFO	RMED?
cou	PART II. OTHE	(c). R SIGNIFICANT CONE				OT RELATED TO THE TER			EN IN PART		PERFO	RMED?
20a. PRIM	PART II. OTHE	(c). R SIGNIFICANT CONE									PERFO	RMED?
20a. PRIM	PART II. OTHE EXTERNAL CAUS AARY OF CONT ISE OF DEATH. TIME OF INJURY	(c). R SIGNIFICANT CONE	o. DESCRIBE	HOW INJURY OC	CURRED. (En	ther nature of injury in Proceedings of the Procedure of	ort I or Port II		EN IN PART	li.	PERFO	RMED?
20a. PRIM	PART II. OTHE EXTERNAL CAUS AARY OF CONT ISE OF DEATH. TIME OF INJURY HOUR OF IN.	(c). R SIGNIFICANT CONE E WAS RIBUTING 201	DESCRIBE	HOW INJURY OC attaches	CURRED. (En	oter nature of injury in Po	ort I or Port II	of item 18.)	ta a.	li.	PERFO	RMED?
20a. PRIM CAU	PART II. OTHE EXTERNAL CAUS AARY OF CONT ISE OF DEATH. TIME OF INJURY HOUR OF IN.	(c). R SIGNIFICANT CONE E WAS RIBUTING [1] Month, Doy, Yeo	DESCRIBE A 20d. IN White of worl	HOW INJURY OC attention HJURY OCCURRED Not while of work	CURRED. (En	E OF INJURY (Home, for ry, street, office bldg., e	ort I or Part II	of item 18.) y or toyn)	ta Gi	la (nty)	PERFO	RMED? NO (Slole)
20a. PRIN CAU	PART II. OTHE EXTERNAL CAUS AARY OF CONT ISE OF DEATH. TIME OF INJURY Hour a. m. p. m. I certify tha	(c). R SIGNIFICANT CONE E WAS RIBUTING [1] Month, Doy, Yeo	DESCRIBE FORE 20d. IN While of work af the re	HOW INJURY OC attention JURY OCCURRED k Or while emains descril	CURRED. (En	E OF INJURY (Home, for ry, street, office bldg., e	ort i or Port II	of item 18.)	ta Gu (Cou	y 🔊	PERFO	RMED? NO (Slole)
20a. PRIN CAU	PART II. OTHE EXTERNAL CAUS AARY OF CONT ISE OF DEATH. TIME OF INJURY Hour a. m. p. m. I certify tha	(c). R SIGNIFICANT CONE E WAS RIBUTING Month, Doy, Yeo 19	DESCRIBE FORE 20d. IN While of work af the re	HOW INJURY OC attention JURY OCCURRED k Or while or work emains descri	CURRED. (En	E OF INJURY (Home, for ry, street, office bldg., e	ort i or Port II	of item 18.) y or toyn)	ta Gu (Cou	y 🔊	PERFO	RMED? NO C
20a. PRIM CAU	PART II. OTHE EXTERNAL CAUS AARY Or CONT ISE OF DEATH. TIME OF INJURY Hour a. m. p. m. I certify tho oth resulted f	(c). R SIGNIFICANT CONE E WAS RIBUTING Month, Doy, Yeo 19	DESCRIBE FORE 20d. IN While of work af the re	HOW INJURY OC atter transport of the control of th	20e. PLAC factor	E OF INJURY (Home, for ry, street, office bldg., e	ort I or Port II	y or toyn) nspectian	ta Gu (Cou	y 🔊	PERFO	(Slote)
20a. PRIM CAU	PART II. OTHE EXTERNAL CAUS AARY Or CONT INSE OF DEATH. TIME OF INJURY Hour a.m. p.m. I certify tho	(c). R SIGNIFICANT CONE E WAS RIBUTING Month, Doy, Yeo 19	DESCRIBE FORE 20d. IN While of work af the re	HOW INJURY OC attention JURY OCCURRED k Or while or work emains descri	20e. PLAC factor	E OF INJURY (Home, forny, street, office bldg., e.	ort I or Port II Tm., 20f. (Cir c.) 20f. (Cir Le, U	of item 18.) y or toyn) nspection	ta Gu (Cou	y 🔊	PERFO	(Stole)
200c. 20c. ACT SIGN	PART II. OTHE EXTERNAL CAUS AARY or CONT ISSE OF DEATH. TIME OF INJURY Hour a. m. p. m. I certify tho oth resulted f	(c). R SIGNIFICANT CONE E WAS RIBUTING [] Month, Doy, Yeo 19 It I taak charge ram: Natural co	DESCRIBE T 20d. IN While of worl af the recauses	HOW INJURY OC attention HJURY OCCURRED k Or while or work or emains descril Accident [20e. PLAC factor	E OF INJURY (Home, for ry, street, office bldg., etc., held an Autapide Hamicia	ort I or Port II SUC. 20f. (Cit c.) le	of item 18.) y or toyn) nspectian ndetermined of	ta Gu (Cou	y 🔊	PERFO	(Slote)
20c. PRINCY 20c. ACT SIG	PART II. OTHE EXTERNAL CAUS AARY Or CONT ISE OF DEATH. TIME OF INJURY Hour a. m. p. m. I certify tho oth resulted fruat NATURE ME (Type) Fra ME (Type) Fra	E WAS RIBUTING 201 Month, Doy, Yeo 19 It I taak charge ram: Natural continuous cont	DESCRIBE 20d. IN While of work af the recauses Causes Osche	HOW INJURY OC attention HJURY OCCURRED k Or while or work or emains descril Accident [CURRED. (En 20e. PLAC factor) bed abav	E OF INJURY (Home, force, held an Autapide Hamician Assistant Medical Deputy Medical Assistant Medical Assistant Medical Deputy Medical Assistant Medical Assistant Medical Deputy Medical	ort i or Port II Tm., 20f. (Cit sy, I de, U EXAMINER CAL EXAMINER	of item 18.) y or toyn) nspectian ndetermined of	Inquir	y 🔊	PERFO	(Stole)
200. BUREM	PART II. OTHE EXTERNAL CAUS AARY Or CONT ISE OF DEATH. TIME OF INJURY HOUR O. m. p. m. I certify the oth resulted f TUAL NATURE MINER'S ME (Type) F' C RIAL, CREMATION OVAL (Specify)	E WAS RIBUTING 1201 Month, Doy, Yeo 19 It I taak charge ram: Natural continuation of the continuation o	DESCRIBE 20d. IN While of work af the recauses Causes Osche	HOW INJURY OC attention AND WHITE A Coident [A Coide	20e. PLAC factor bed abav AETERY OR C	E OF INJURY (Home, force, held an Autapide Hamician Assistant Medical Deputy Medical Assistant Medical Assistant Medical Deputy Medical Assistant Medical Assistant Medical Deputy Medical	ort I or Port II m, 20f. (Cit ssy , I le , U EXAMINER CAL EXAMINER EXAMINER 22d. LOCA	y or toyn) nspectian ndetermined of R TION (City, town,	Inquire cause 1	y 🔊	PERFO	(Stole)
ZOO. PRIM CAUL 20c. ACT SIGI EXAMAL 220. BURN BURN BURN BURN BURN BURN BURN BURN	PART II. OTHE EXTERNAL CAUS AARY Or CONT ISE OF DEATH. TIME OF INJURY Hour a. m. p. m. I certify tho oth resulted fruat NATURE ME (Type) Fra ME (Type) Fra	E WAS RIBUTING 1201 Month, Doy, Yeo 19 It I taak charge ram: Natural of the charge ram: Natural of	DESCRIBE 20d. IN While of work af the recauses Causes Osche	HOW INJURY OC attention HJURY OCCURRED k Of work Demains descrip Accident [20e. PLAC factor bed abav AETERY OR C	E OF INJURY (Home, forry, street, office bldg., e. re, held an Autapide Ambiece Hamicic Assistant Medical Deputy Medical REMATORY	ort I or Port II m, 20f. (Cit ssy , I le , U EXAMINER CAL EXAMINER EXAMINER 22d. LOCA	of item 18.) y or toyn) nspectian ndetermined of the control of	Inquir	inty)	PERFO	(Stole)

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE,
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU K. E.

8361 SI AAN

BECEINED

TO FUNERAL DIRECTORGE 3 should the registrar pro-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3582

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (W 0. STATE W. Virginia	here deceosed lived	f. If institution b. COUNTY	on: Residence be	fore admissi	ion)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) KENSINGTON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote li	mits, write R	URAL and give n	earest fawn) 4
d. NAME OF HOSPITAL (If not in hospital, give street KENSINGTON GARDENS SAI	NITARIUM	d. STREET ADDRESS		00		e. IS RESI ON A YES	FARM2
3. NAME OF DECEASED (Type or print) First KATHER:	INE Middle	McLEAN	4. DATE OF DEATH	Mon MAF			rear 58
WIDOWI		8. DATE OF BIRTH 10-30-1870	87	E (In years t birthdoy) yrs.	Months Days	R IF UNDE	-
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) None	KIND OF BUSINESS OR INDU	W. Virgin	ia		12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME John McLain		14. MOTHER'S MAIDEN N					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no. or unknown) (If yes, give wor or dates of service)		osp. Records		Addr	ess		
18. CAUSE OF DEATH [Enter only one cause per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gove rise to immediate couse (a), staling the underlying cause last. (c)	e for (o), (b), and (c).] ARCIVO		Panc	C17 4)	9 5	TERVAL BET	WEEN DEATH
Part II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	Jeleri	3 f1C A	PEAR	EN IN PART 1(0)	19. WAS A PERFOR YES [RMED?
	Nat while to	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or ton	vn)	(County)	(Stote)
21. I certify that I attended the decease alive on 13 19 3 ACTUAL SIGNATURE PHYSICIAN'S Charles M. We		occurred of 3/1	M, from the ADDRESS (Street, c	couses o	nd on the do	ate state	
22G. BURIAL, CREMATION, REMOVAL (Specify) Removal 3-16158	22c. NAME OF CEMETERY O	R CREMATORY	22d, LOCATION (r county) W. Va.	(Stote))
23. FUNERAL DIRECTOR'S SIGNATURE Sono Inc.	.756 Pa. Ave	., N. W, DCATE	D BY REGISTRAR	24b REGIS	TRAR'S SIGNATU	*	

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FOR STATE HEALTH DEPT.

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300	dire	for		or its designoled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 OF OMEDICAL EXAMINER'S CERTIFICATE OF DEATH

	3583"		E EXPANSING		CERTIFIC	77-116	0.	DEATH	Reg. I	Dist. No	.	
1. PLACE OF DEAT	H Mantes	meru			2. USUAL RESIDEN	ICE (Where	deceos	ed lived. It instit	ution: Resid	fence be	fore odm	ission)
o. COUNTY	812 Cody Dr.	7	MARY	LAND	o. STATE	id.		b. COUNT	M Me	nt.		
b, CITY OR TOW and give nearest	/N (If outside corporate limits, writ	· RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	VN (If outs	ide corp	orote limits, write	RURAL of	id give r	neorest to	wn)
	er Spring, Mo		5 yrs.		56 Silv	ver S	prin	g, Md.				
	Cody Dr.	If not in hos	pital, give street addres	s)	d. STREET ADDR	Cody	Dr.				ON	ESIDENCE A FARM?
3. NAME OF	Fir	st	Middle		lost		DATE	Mont	h	Doy	1	reor .
(Type or print)	William Jo	ohn Mc	Mahon				DEATH	March	17.			9 58
5. SEX			D NEVER MARRIEL	D □ B.	DATE OF BIRTH			9. AGE (In years		RIYEAR		ER 24 HRS.
Male	White	WIDOWED			11/11/75			lest birthday) 82 yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUP	PATION (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE	(Stole or fo	oreign c	-	12. CI	TIZEN O	F WHAT	COUNTRY
777	orking life, even if retired)	NI O	odward & Lo	athm	Washi	inato	ъ Т			USA		
13. FATHER'S NAM			OCWALO & L	יווענ	14. MOTHER'S MAIL		-	la Cia		UMA		
	liam McMahon				Mary	7	(unknown)				
15. WAS DECEASED	D EVER IN U. S. ARMED FO (If yes, give war or dotes at	service)	SOCIAL SECURITY NO.		FORMANT			Address				
no		57	7-09-4587A	Mr	s. Zelda N							
18. CAUSE OF	DEATH [Enter only one con	se per line	for (o), (b), ond (c).]			Sil	ver	Spring,	Maryl	and	ET AND DE	EEN
PART I,	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Coronary	000	lucion						_	dead
420,1	DUE TO		- our onar y	- held had hade					···		in b	_
	If your subtable										TII D	eu
gove rise to in	mmediate couse						-		-			
(o), stoting t	he underlying DUE TO											
	OTHER SIGNIFICANT CON		ANTERIORIES TO BUAT	LI BLIT NO	OF BELATED TO THE	YEDANIAN	DICCAC	COMPINAL				
CATO.	OTHER SIGNIFICANT CON	DI110143 CC	NIKIBOTING TO DEAT	U 801 140	OF RECATED TO THE	TERMINAL	DISENSI	CONDITION GI	VEN IN PA	' '		RMED?
PART II.	CONTRIBUTING LI	b. DESCRIBE	HOW INJURY OCCUR	RRED. (En	ter noture of injury i	in Part I or	Part II	of item 18.)				
20c. TIME OF II		While		Ge. PLAC	E OF INJURY (Home, ry, street, office bldg	, form, 2	Of. (City	or town)	(Ce	ounty)		(Slote)
21. I certify	y that I taak charge	of the r	emains described	d abay	e, held an Aut	tapsy [], Ir	spection 🔀	, Inqui	ry K	, an	d in my
apinion dec	ath resulted fram:	Natural o	causes 🔀, Accid	dent [], Suicide], Ham	nicide	, Undete	ermined	manne	er 🗌	
ACTUAL	1	0			CAUCE AICBAG						DATE S	SIGNED
SIGNATURE_	Throng .	1300	mont		M.D. CHIEF MEDIC							
EXAMINER'S NAME (Type)	Frank J. B				ASSISTANT MEDIT				17.	195	8	
220. BURIAL, CREM. REMOVAL (Spe BURIAL	ATION, 276. DATE THEREC		MT. OLIVET		REMATORY	22d W.	LOCAT ASH]	NGTON,		//	(Stot	•)
23, FUNERAL DIREC	TOK'S SIGNATURE		ADDRESS		240.	REC'D BY	REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	
Warner	Je V	vey,	SILVER SPR	ING,	MD.	E.	0 150	0.1	1	- 1		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTH AOSE, 13
STANDICAL EXAMINER'S CERTIFICATE OF DEATH
AND AND AND AND ADDRESS OF DEATH
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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3584 CERTIFICA	ATE (OF [DEATH
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	35	84	CERTI	FIC.	ATE OF E	DEATH	1		Reg	Dist. N	135	57
1. PLACE OF DEATH o. COUNTY Mont.			MARY	LAND	2. USUAL RESI	DENCE (Wh	ere deceased	b. COU	itution: Re		ore admis	sion)
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 15		TOWN (If o	utside corpor	ote limits, wri			earest taw	n)
Silver Sp	ring. Md.		h yrs.		56			Silver				
d. NAME OF HOSPITA	xon Ave	ive street	oddress)		d. STREET A				Opri	1159 11	e. IS RES	FARM?
3. NAME OF	Fir	st	Middle		Los		4. DATE		Month			, 44,
(Type or print)	На	rry	Roy		Meal		OF DEATH		monin March		-,	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D	B. DATE OF BIRT	Н		9. AGE (In ye lost birthdo		NDER I YEA	-	
Male	White	WIDOWE	Based		May Ih.	1900		57	yrs. Mon	ths Doys	Hours	Min.
-	N (Give kind of work ing life, even if retired tor-Retires		KIND OF BUSINESS O		ansit	Fred	derick		12	USA	OF WHAT	COUNTR
	s E. Meale	4				ie Ko.	Lb					
15. WAS DECEASED EVER (Yes, no. or unknown) (1	IN U. S. ARMED FOR I yes, give war or dates of s		SOCIAL SECURITY NO		FORMANT				Address			
No			78-10 - 5363	3 Mr	s. Sara	h E. I	Mealey	, 8417	Dixo		. Si	1. Sp
PART I. DEAT 2 0 44 0 Conditions, if on gove rise to in couse (a), stoling t lying cause lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate the under- (c)	5	e far (a), (b), and (c). Corolles evere.	se Je	Fair	lees	aux. Je.	ui.	uu,	01	GA 29	LOS
5 260 X L	ravele	wy.	ONTRIBUTING TO DEA	ے		Li.		3.05		PART 1(o)	PERFO YES	RMED?
20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CALISE OF DEATH	20b. DESC	CRIBE HOW INJURY OF	CCURREE). (Enter nature o	f injury in P	ort I or Port	II of item 18.)				
O 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo	While of work	JURY OCCURRED Not while of work	20e. PLA fac	CE OF INJURY (I lory, street, office	Home, farm, bldg., etc.	20f. (City	or town)		(County)	(Stole)
alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify) Burial	Merril 22b. DATE THEREO 3/22/58	19.5 8/2 1 M.	Cross 2c. NAME OF CEME	death	A.D. 824	8 Fice	PM, fram	the cause eet, city or to ON (City, tow	es and country and	n the do		ate signe
3. FUNERAL DIRECTOR'S	SIGNATURE	Luce	ADDRESS	ring		240. REG	BY REGISTR			S SIGNATE	RE	



Same Miles pile

MEANURO STADITION

VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18	8
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	347		CEKTIF	ICAI	E OF DEATH	П		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY Montgome	ery		MARYL	- 11	usual residence (w o. state Maryland	here deceased	b. CQUNTY	an: Reside			ian)
b. CITY OR TOWN (III RURAL and give ne Takoma P		s, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF			URAL and	give ne	orest tawn) /
d. NAME OF HOSPIT OR INSTITUTION Washington	AL (If not in hospitol, gi Sanitari um				d. STREET ADDRESS		mile				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Firs		Middle		lost Moore	4. DATE OF DEATH	Man	rch	De L		Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthday) yrs.	IF UNDE Manths	Pays	Hours	R 24 HRS
during most at wark	DN (Give kind af wark d king life, even if retired)	ane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote Maryla	4.129	ountry)		meri	Ca	COUNTR
13. FATHER'S NAME Perry Cl.				14	Peggy Jo						
15. WAS DECEASED EVER	R IN U. S. ARMED FORC		SOCIAL SECURITY NO.	Mot			As abo				
PART I. DEA' 7 6 2 .0 Conditions, if or gave rise to ir cause (a), stating I lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ny, which mmediate the under: (b) DUE TO (c)	<u> </u>	ne for (0), (b), and (c).]	l	Aeli A	اندا	XI lur	7	ON	ERVAL BE	DEATH
TA L			CONTRIBUTING TO DEAT					EN IN PA	.RT 1(a) 1	PERFO	RMED?
	MEDICAL EXAMINER)		CRIBE HOW INJURY OCC		OF INJURY (Home, fare					-	
Havr a. s., p. m.	19	While at wor	k at work	factory,	street, affice bldg., et	c.)			(Caunty)		(State)
21. I certify the alive on		deceas _, 195	ed from <u>Marcl</u> 8, and that d	leath oc	_, 19 <u>58</u> , to_l curred at <u>6:30p</u> _H. H. Dia 8224 Georgi	ADDRESS (SI	the causes of th	and on state)	the da	te state	ed abov TE SIGN
22a. BURIAL, CREMATION REMOVAL (Specify) Cremation	3-5-58		22c NAME OF CEMETO Washington		ematory & Hospital	1	ion (City, town, on Park,			(State	1)
23. FUNERAL DIRECTOR'S	1/ 1/-	ashi	ADDRESS		24a. REC	D 8Y REGIST	RAR 246 REGIS		IGNATU	,	

21. I verify that I operated the decounted lines. 1.15 8281 7 AAM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

to become diseleted line.

BUREAU V. S.

8291 38 AAM

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OFFICE STATE

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	358	6 CERTIFICA	ATE O	F DEAT	Н		Reg. D	ist. No	(1)3	560
tgomery		MARYLAND	2. USUA o. STA	Mary]		d lived. If instituti b. COUNTY		tgom		sion)
utside corporate limits est town) Silver Glen	"Spr	f. LENGTH OF STAY IN 16	c. CIT	Y OR TOWN (I		rote limits, write R) Silve	URAL ond	give ne		n)
(If not in hospital, givenue and		oddress)	1	REET ADDRESS		nd Hale H			e. IS RES	FARM?
First Winifred (Cath	Middle erine Morris		Last	4. DATE OF DEATH	March		Do 27		Yeor 1558
9 0 1	MARR	IED NEVER MARRIED DIVORCED DIVORCED	11/2/			9. AGE (In years lost birthday) 76 yrs.	Months Months	R 1 YEAR Doys	Hours	Min.
(Give kind of work do life, even if retired)	ne 10b.	Cwn home		RTHPLACE (Sto	te or foreign c	ountry)	1 0	U.S.		COUNTRY
			14. MO1	THER'S MAIDEN	NAME					
m Grev				Ann Cro	wder					
U. S. ARMED FORCE es, give wor or dates of serv			nforman s. Wit		G. Blun	ne, 105 E		th S	t.	
[Enter only one cour WAS CAUSED BY: MEDIATE CAUSE (o)	e per lin	ne for (o), (b), and (c).]	ilun	e		New York	, N.		EPVAL BE	TWEEN
DUE TO which) (b)	Ry	Reversing a	JRIN	busile	note:	cas Di	A	/	zeve	ral

	Holman	Avenue and	Hale Pl	ace	Holman A	venue a	nd Hale H	Place		A FARM?
3.	NAME OF DECEASED	Fir	st	Middle	Last	4. DATE OF	Mon	ith	Day	Yeor
	(Type or print)	Winifred	Catherin	e Morris		DEATH	March	1	27	1958
S.	SEX			NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	
	female	white	WIDOWED 🎦	DIVORCED [11/24/81		lost birthday) 76 yrs.	Months	Days Hou	rs Min.
10c	during most of wor	ON (Give kind of work a king life, even if retired)	done 10b. KIND O	BUSINESS OR IND	USTRY 11. BIRTHPLACE (SI	ote or foreign o	country)	12. CITI	ZEN OF WH	AT COUNTRY?
	housewif			n home	England			U	S.A.	
13.	FATHER'S NAME	11.5 -15.5			14. MOTHER'S MAIDE	N NAME				
	Will	iam Grev			Ann Cr	owder				
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR		SECURITY NO. 17.	INFORMANT	4 - 4//2	Add	ress		
	no	(ii yet, gra wai ai adas ai i	non	e Mr	s. Winifred	G. Blun	ne, 105 E	. 37th	St.	
	18. CAUSE OF DEA	ATH [Enter only one co	use per line for (o), (b), and (c).]	. /		New York	, N.Y.	HALLE A VAC	
	PART I. DEA	TH WAS CAUSED BY:	, Ko	was Ho	Whine-				ONSET AN	ND DEATH
	442X	DUE TO	4	1		1 1	0		200	o co
	Conditions, if o	ny, which) (b	Kukei	Xeysune 1	and Re Vinnel	ende:	CALDI	~ -	1200	or Dela
	gove rise to i	mmediate (/11		1	1	·	0		Jan and and and and and and and and and a
	lying couse lost.	the under-	1	vasci	las ren	al a	isease			
CERTIFICATION	1	her significant con	DITIONS CONTRIBI		T NOT RELATED TO THE TE			'EN IN PART	PER	S AUTOPSY FORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter noture of injury	in Port I or Por	t II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While No	CCURRED 20e. P	LACE OF INJURY (Home, f actory, street, office bldg.,	orm, 20f. (City	or town)	(Ce	ounty)	(Stote)
	21. I certify th	at I attended the	deceased from	n July	(2, 19 55, to	3-	2 6 1958	that I le	ast saw th	e deceased
	olive on	20-26	1958	and that deat	h occurred at (2	M. from				
			,			ADDRESS (S	treet, city or town,	stote)	dore sie	DATE SIGNED
	ACTUAL	MM	Ler	es	M.D. 931 Persh	ing Dri	ve.Silve	r Spri	no 3-	27.17
		100				-111 <u>6</u> -10-1	- K DC B DC D DC L DC	Md.		
	PHYSICIAN'S NAME (Type)	Jason Geis	zer /			4700				
220	BURIAL, CREMATIO		F 22c. N	AME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, o	or county)	(SI	lote)
	BURIAL	3/29/58	St	John's C	emetery		est Glen			
23	FUNERAL DIRECTOR	SISIGNATURE 5. Tumphe	ey, AD	Silver	Spring, Md. PATE			STRAR'S SIGN		
			•			WHO I			ULA_	

MARYLAND STATE DEPARTMENT OF BEALTY HARMOND 15

" The market waveled the

The contract of the contract o

BUREAU V. E.

DECENTED

VS A15 (4) 15M 10/57

equires Indi the death certificate be executed within 24 haurs after death. Fage 4		signed by the attending physician and campletely filled in by the funeral director,	it permit. Then please remave carban papers. Pages 1 and Juld be filed with	1
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2527 CEDTIEIC ATE OF DEATH

		358	37	CERT	IFIC.	ATE OF	DEATH			Reg. D	ist. No.		561
	PLACE OF DEATH	ntgomery	30	MAR	YLAND	2. USUAL RE o. STATE		ere decease	d lived. If institut b. COUNTY				ion)
	. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY O	R TOWN (If or	utside corpo	rate limits, write i	URAL ond	give ned	rest town	1 /
В	RURAL ond give	Rural)		2 days		400	Cente	rvill	.e /	7 X.	2		Y
	OR INSTITUTION	Hospital,			land	d. STREET	ADDRESS RFD	∮ 3					IDENCE FARM?
3.	NAME OF	Fir		Middle			ost	4. DATE	Moi	nth	Do		Year
	DECEASED (Type or print)	Geor	ge	Foster		MURDO		OF DEATH	March		19		19 58
5.	EX		-	IED NEVER MARRI	IED 🗆	8. DATE OF BI	RTH		9. AGE (In years	IF UNDE			R 24 HRS.
M	ale	White	WIDOW				1931		lost birthday) 27 yrs.	Months	Doys	Hours	Min.
		ON (Give kind of work		Land				or foreign co		12 (1	TIZENI O	E WHAT	COUNTRY
	during most of war	rking life, even if retired)	Commercial	J 4203				Join, , ,	1		S.	CO0141K1
	FATHER'S NAME	Floristry		Ommercial	-		nnsylva				0.	10 .	
								AME					
_		uce MURDICH			1.00		POSTER						
(Ye	Yes	ER IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO .5 36 1359		Mother)	Mrs. F	uth F	Add • Murdoc		ame A	As #a	2)
	18. CAUSE OF DE	ATH [Enter only one co	use per lin	ne for (a), (b), and (c)	-1						INTE	RVAL BE	TWEEN
	Conditions, if a	immediate Dus To)								ONS	ET AND	DEATH
	tying couse last.	the under-	De	men	al	ed Ly	nigh	0 San	con	c	1	2 4	u.
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH / MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture	of injury in P	ort I or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yes	20d. It While of work	Not while of work	20e, PLA foo	ACE OF INJURY	(Home, form, ice bldg., etc.)	20f. (City	or town)	٠	(County)		(Stote)
	ACTUAL SIGNATURE	hat I attended the March	decease _, 19	TO THOM	arch death		3:404	ADDRESS (SI	th 19 5 in the causes of treet, city or town, cital, Be	ond on t	the da	te state	ATE SIGNE
		.S. DUNN, JR					. Naval		ital, Be			Md.	
220	BURIAL, CREMATIC REMOVAL (Specify BUZIA50	3-21-58)F	22c. NAME OF CEM	ETERY OI	R CREMATORY	2		TION (City, town, erville,			(State	e)
23.	Barton Fu	ES CO. WAS	HING Cen	TON DORESS C, terville,	S,N Mary	land	DATEAR 2	BY REGIST	RAR 24b. REGI	STRAR'S SI	IGNATUR	E	

CHEEL CHRYSTOATE DEATH

TARYERSON STATE DEPARTMENT OF HEALTH-BALLSIMORE, 18-22

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			ELLEVISOR PROPERTY.	Commence of the Control of the Contr
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VS A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8
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CERTIFICATE OF DEATH

	35	88	CERTIFIC	AT	E OF DEATH	1		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY MOT	ntgomery		MARYLAND	2.	USUAL RESIDENCE (Who of STATE Connect	ere deceose	d lived. If institution b. COUNTY	on: Reside	nce befo	re admiss	sion)
b. CITY OR TOWN (If outside corporate limits, write			c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF o		prote limits, write R	URAL ond	give ne	rest town	n)
RURAL ond give neorest town) Bethesda		53 days		Walling		11	5 x -	3			
d. NAME OF HOSPIT OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street				d. STREET ADDRESS					e. IS RES	IDENCE
	cal Center.	Bet	hesda 14. Md.		63 Simp	son A	venue				FARM?
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mon	th	Do	ry	Yeor
(Type or print)	Lel	a	Gracie		Myers	OF DEATH	Marc	h	7		1958
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years		RIYEAR		ER 24 HRS.
Female	White	WIDOW			ine 18. 189),	last birthdoy) 63 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INC			7		12. C	TIZEN C	F WHAT	COUNTRY?
Housewife	ing life, even if retired		none		Connectic	nt.			U.S	. A.	
13. FATHER'S NAME			******	14	MOTHER'S MAIDEN N				0.0	447.0	
Eugene Bea	ach				Ellen Gra	cie					
15. WAS DECEASED EVEL			SOCIAL SECURITY NO. 17.	INFO	MANT The Med	ical I	Record Add	ess			
no	ir yes, give wor or dates or s		nascertainabl		The Clinic				a 1h	. Ma	rvlan
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, 5	ne for (o), (b), and (c).]	cal	Septic	2 m1	á		INTI	ERVAL BE	TWEEN DEATH
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	mmediate (aplqlococca	/	Pentoniti	s Gh	& Pineus	n (me c		200	Ks
ZOD. ACCIDENT WA	S LINDERLYING CI	of	CONTRIBUTING TO DEATH BE	5+	omach L	1/00	ration	EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY PRMED? NO
	CAUSE OF DEATH MEDICAL EXAMINER)										
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yes	While of wor	Not while	PLACE foctory,	OF INJURY (Home, form, street, office bldg., etc.	, 20f. (City	or lown)		County)		(Stote)
alive an Marc	. 5	B.	Couch		The Cli	AM, from nical Inst	n the causes of treet, city or town. <u>Center</u> titutes of	and an i	he da	te state	
220. BURIAL, CREMATION REMOVAL (Specify) Ur-Transit)F	22c. NAME OF CEMETERY			22d. LOCA	TION (City, town, o	r county)		(Stot	e)
	3/8/58		In Memori	am			llingsfor				
Robert A	Pumphrey	-Be	thesda, Md.		24a. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SI	GNATUI	RE	
				-	L MEC'N			- LOW	-4/1		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03563

AND THE PARTY OF THE Francis g. Collins Washington R. C.



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MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
2/172	CEDTIEICATE	OF	DEATH	

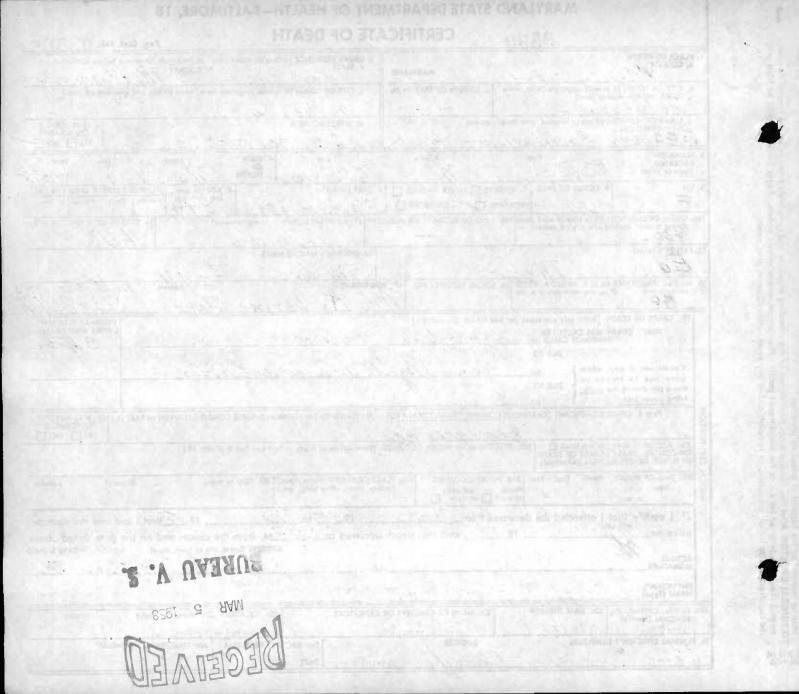
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D. COUNTY MONTGOMERY D. CHY OR FOWN, [If cynicide corporate] limits, write a clematic demit of the country of the property of the country of the country of the property of the country of the coun	0110	<u> </u>			Reg. Dist. No.	
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WIDOWED DIVORCED NOT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DECEASED A 1 1 1 1	JAY	Newby	OF DA	Day 5	Yeor 19.58
during most of weeking life, even if retired) PATHERS NAME WAS DECREASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO DURING OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o), 10 DUE TO Conditions, if ony, which gave rounders (c), storing the under lower (o), storing t	ΛΛ		1/ 11 10	last birthday)		
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. 01	during most of working life, even if retired)	holster	DUSTRY 11. BIRTHPLACE (SIONS OF	1 1 WA Line	12. CITIZEN OF W	HAT COUNT
18. CAUSE OF DEATH [Enter only one couse per, line for (o), (b), and (c).] PART II. DEATH WAS CAUSED BY. DUE TO Conditions, if any, which gave rise to immediate couse (o). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH LYING COUSE (O), TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP PERFORMED? YES ON OF CONTRIBUTING CAUSE OF DEATH YES ON OF CONTRIBUTING CAUSE OF DEATH YES ON OF CONTRIBUTING CAUSE OF DEATH HOUR OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not white Of work of owner of owne	FATHER'S NAME WILLIAM H. Newby	. /	14. MOTHER'S MAIDEN N	- Wall	1	
PART I. DEATH WAS CAUSE BY: MMEDIATE CAUSE (a)		AL SECURITY NO. 17.	Bertha Maye	1// 5.	. /	
DUE TO Conditions, if any, which gave rise to immediate couse (a), toloring the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED? YES NO [O. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI	PART I. DEATH WAS CAUSED BY:	(0), (b), and (c).]	& h c yed titi	5	INTERVA	AND DEATH
Gave rise to immediate couse (a), stoling the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES	587.0 DUE TO					1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of wo	gave rise to immediate couse (a), stating the under-					
20c. TIME OF INJURY Month, Doy, Year Hour a.m.		RIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMIN	val disease condition give	PE	ERFORMED?
Hour o. m. p. m. 19 While of work of	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCUR	RED. (Enter noture of injury in P	ort I or Port II of item 18.)		
alive on March 5, 19 5%, and that death accurred at 2/25 PM, from the causes and an the date stated ab ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PLOS DETERMINENT (Stote) PLOS SENTIAL GROWN OF CEMETERY OR CREMATORY PHYSICIAN'S NAME (Type) PLOS DETERMINENT (Stote) PLOS SENTIAL GROWN METHOD IS TO COMMON OF COUNTY) PHYSICIAN'S NAME (Type)	Hour o.m. While	Not while			(County)	(State
ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 6480 New Homps hive Ave 3/5/5 PHYSICIAN'S NAME (Type) D. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) POMOVAL (Specify) 3/6/58 PLOSANT Grove Methodist Ch. Cem. Thomas ville, FUNERAL DIRECTOR'S SIGNATURE 2901 Aborted St. N.W. 24b. REGISTRAR'S SIGNATURE	Manual					
DEBURIAL, CREMATION, REMOVAL (Specify) POMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) PLOASANT Grove Methodist Ch. Cem. Thomas Ville, 240. REC'D BY REGISTRAR'S SIGNATURE	10 11 10	benster.				DATE SIGN
removal (Specify) 3/6/58 Pleasant Grove Methodist Ch. Cem. Thomas ville, FUNERAL DIRECTOR'S SIGNATURE 2901 Abortal St. N.W. 240. REC'D BY REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type)		Takom	· Park, M.	1	
240. REC 9 31 RECISIONAL	removal (Specify) 3/6/58 P.	leasant G	rove Methodi	TT Care To Control	Contactor.	
			2.01.1120		RAR'S SIGNATURE	4-1-

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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Page files. Health, director. Tour Jo moy be retained for with the State Bu ony delay is no the funeral State after oud 50 Page 1 uted within 24 hours after of them. 18. Give Pages 1, 2 along with form PM3. Pa within pages burial-transit Office the word "pending" in pe Chief Medical Examiner's 00 0 wsed pe should m rded. MEDI

I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN IN c. LENGTH OF STAY IN 16 381 and give nearest town) d. NAME OF HOSPITAL OR INST STREET ADDRESS 3. NAME OF Middle DATE DECEASED (Type or print) DEATH mar 5. SEX 6. COLOR OR RACE MARRIED M NEVER MARRIED B. DATE OF BIRTH 9. AGE |In years last birthday) WILDOWED [DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTR) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED 17. INFORMANT FORCES? 16. SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (a), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) factory, street, office bldg., etc.) Hour g, m While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection 3 opinion death resulted fram: Natural causes X, Accident | Suicide | Hamicide | Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL D ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) WASHINGTON, D. C. OLIVET CEMETERY 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME SILVER SPRING. MD. DATE M 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. (If outside corporate limits, write RURAL and give fearest town) . IS RESIDENCE ON A FARM? YES NO W Doy Year 1958 0 IFUNDER TYEAR IF UNDER 24 HRS. Months Hours Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO K

(County)

Inquiry X

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DATE SIGNED

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TO FUNERAL DIRECTOR PAGE 3 should it

VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 3592

Reg. Dist. No. 03567

	1, 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institu	tion: Residence before admission)
		Montgomery	MARYLAND	o. STATE Mar	4 land. b. COUNT	Montgomery
		b. CITY OR TOWN (If outside/corporate limits, write c. LENGT	H OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write	
		RURAL and give neorest lown) Bethes d. a.	hrs.	4 Silver	Sorina	
	-	d. NAME OF HOSPITAL (If not in hospital, give street address)	///	d. STREET ADDRESS	Fire	e. IS RESIDENCE
1		OR INSTITUTION	-al	1/129 0	Shop Aug	ON A FARM? YES NO P
	3	NAME OF First	Middle	11, 62, 5	4. DATE M	
		DECEASED	AA	D	OF AA	onth Day Yeor
	S. 5	11401116	N ,	Pearre	77168	
	3	Female White WIDOWED IN	DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
1	10o	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF		STRY 11. BIRTHPLACE (Sto	ite or foreign country)	12. CITIZEN OF WHAT COUNTRY
		during most of working life, even if refired)		Unionvil	le Marila	1 1
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME INATURANO	Limerica
	2	George D. Norris		61.	1 1	
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17 I	NFORMANT		dress
	(Yes	no. or unknown) (If yes, give war or dates of service)		11	M. L. 629	Sligo Ave.
		The Cause of Draw In	17/1	w. Henry	1110 IET 5.1	ver Spring, Md
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (PART I. DEATH WAS CAUSED BY:	b), ond {c).]	1 1:	6	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (0)	CR10 5	cheretic.	CARDIOLASC	1/15P188 4-PARS
		4 DUE TO				
		Conditions, if ony, which gove rise to immediate (b)				
		couse (o), stoting the under-	- 2/1	1.7		2 1
	-	lying couse lost. (c) // Cu/		ea 4371715		2 1 1745
	IO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
O	CAI	260x VIABETESM	elL17u	S. VEAT	es.	YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRE	D. (Enter noture of injury i	n Port I or Port II of item 18.)	
	CAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC	URRED 20e. PL	ACE OF INJURY (Home, fo	rm. 20f. (City or town)	(County) (State)
	MEDICAL	Hour o. m. While Not w	hile for	ctory, street, office bldg., e	otc.)	(555)
	~		- 4 - 7		24 20 71 0	65
		21. I certify that I attended the deceased from.		, 19 <u>3</u> , to		L,that I last saw the deceased
		alive an NAR & 1, 19 57,	and that death	accurred at 7/12		and an the date stated above
- 1		ACTUAL SIGNATURE COLUMN E. De Fant	2	0.25 1	ADDRESS (Street, city or town	, stote) DATE SIGNED
н		SIGNATURE CARLO CONTRACTOR	-0	M.D. 8635 Al	BEKDEEN HU - 100	Thesdo Ma 3/21/
		PHYSICIAN'S DEWITT E- DEL	AWTER			
	229	BURIAL, CREMATION, 226, DATE THEREOF 22C. NAA	E OF CEMETERY O	R GREMATORY	22d LOCATION (City, Jown,	op Cojenty) (State) /
	1	WEMOVAIN (Specify) 3-25-1918 W	NGANO	RE	FREUERICK.	Coi Md.
	ź3.	FUNERAL DIRECTOR'S SIGNATURE ADDIT	ESS	24a. RE	C'D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
		Cillivally Winte	ed. M	9 DATE	MAR 2 6 '58	Whench

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VS. A15ME(5) 5M 9/55 00

MARYLAND STATE DEPAR	RTMENT OF HEAL	TH-BALTIMORE, 18	
MEDICAL EXAMIN	ER'S CERTIFICA	ATE OF DEATH	

	Dist.	(1)	3	5	R	Q
Reg.	Dist.	No.	IJ	U	U	O

1. PLACE OF DEATH	0000			H	NCE (Where decea			ice before od	lmission)		
Mo	ntgomery		MARYLAN	D G. STATE ME	ryland	b. COUN	M	ontg			
b. CITY OR TOWN (If and give nearest fown)	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							
Silver			12 hrs	17 Takona Park							
d. NAME OF PLOSITA	G STANTINGHT	R Not iv hole	pital, give street address)	d. STREET ADD	RESS				RESIDENCE		
kkkkke	ex8t			126 Le	ee St				□ NO-□		
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE OF	Man	th	Day	Year		
(Type or print)	Wilson		Davis Per		DEATH	Mar. 2	2, 195	8	19		
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (in years lost birthday)	IF UNDER 1		IDER 24 HRS.		
mal.e	white	WIDOWED	DIVORCED [11/20/37	20	20 yrs.		Days Haur	Min.		
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDE	ISTRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZ	EN OF WHA	T COUNTRY		
laborer		Ma	aintenance Se	rvice Wort	h Caroli	na		USA			
13. FATHER'S NAME			Company	14. MOTHER'S MAI	IDEN NAME						
Woodro	w W. Perry			Minnie	Pearl Da	vis					
15. WAS DECEASED EVE	R IN U. S. ARMED FO			INFORMANT		Addres	8				
		21	10-62-1223	Montg. CO.	Police	Silver	Spring	, Md.			
18. CAUSE OF DEAT	H [Enter anly ane can	se per line f	for (a), (b), and (c).]					INTERVAL BET	WEEN		
	H WAS CAUSED BY:	Subd	ural Hemorrh	age				6 hr			
900.0	DUE TO										
Conditions, If ar		Fract	cure of skull					6 hrs			
	gave rise to immediate cause (O), stating the underlying DUE TO										
cause lost.											
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GI	VEN IN PART		S AUTOPSY FORMED?		
PART II. OTH O O O O O O O O O O O O O O O O O O O								YES V			
20a. EXTERNAL CAU	SE WAS	b. DESCRIBE	HOW INJURY OCCURRED	(Enter nature of injury	in Part I or Part II	af item 1B.)					
		Fell	down stairs	at friends	home						
20c. TIME OF INJUR	Y Month, Day, Ye	20d. II	NJURY OCCURRED 20e. P	LACE OF INJURY (Homestary, street, affice bld	e, farm, i 20f. (Cit	ar tawn)	(Cour	nty)	(Stote)		
1:30	19	While at war	rk ot work	home		ilver Sp	ring M	onta	MA SM		
	ot I taak chorge	of the r	emains described ol	- A S A S A S A S A S A S A S A S A S A		nspection 🗍					
deoth resulted	from: Natural	couses [, Accident , S	uicide [], Hom							
	1	0									
ACTUAL SIGNATURE	hand)	122	what	M.D. CHIEF MEDI	CAL EXAMINER			DATI	SIGNED		
	3				MEDICAL EXAMINE	R 🔲	Man	20. 10	rd		
EXAMINER'S NAME (Type)	Frank J	Brosch	ert	DEPUTY MED	DICAL EXAMINER [Mar.	٢٢ و ١٠	70		
220. BURIAL, CREMATION		the same of the same of the same of	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(St	ate)		
REMOVAL (Specify) Burial	3/23/58		Bula Christ	ian Church	Wake	Forest,	N. C.	100			
23. FUNERAL DIRECTOR		4	ADDRESS	240	DECID 014 DECIS		STRAR'S SIGI	7			
Warner 6	- I sumphe	ey.	Silver Sprin	g, Md. DA	MAR 2 4 '58	in.	edice	A			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTHMORE, 18
CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased o. STATE		ence before admission)
	mont gomery	MARYLAND	mary/aus) b. COUNTY MI	outgomen
Ī	b. CITY OR TOWN (if outside corporate limits, write c. LENG RURAL and give nearest town)	TH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	ote limits, write RURAL one	d give nearest town)
	Olney .	21 mo;	17 Takoma Parl	E	
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PROKE GROVE FOUNDATION	one	d. STREET ADDRESS Willow ave	2,	IS RESIDENCE ON A FARM? YES NO F
	NAME OF DECEASED Male / First Male / Property / Propert	Middle A.	lummer 4. DATE OF DEATH	Month March	Day Year 7 1958
	SEX 6. COLOR OR RACE 7. MARRIED N WIDOWED	EVER MARRIED A		9. AGE (In years last birthday) 8.3 yrs.	ER 1 YEAR IF UNDER 24 HRS
10	. USUAL OCCUPATION (Give kind of work done 10b KIND OF during most of working life, even if retired)	1 6/11 -1 100	Minnesota	untry) 12. C	USa
	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		40 4
(Jenrae M. Plymmer		Jennie Or	4stal	
5.		ECURITY NO. 17. I	NFORMANT	Address	
	(If yes, give war or dates of service)	Ho	spital records		
=	18. CAUSE OF DEATH [Enter only one couse per line for (o),				INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY	searditi	e e		ONSET AND DEATH
	422.1 DUE TO	CC-7CL/I			
	Conditions if any which \ Pt. 120.	ana. C	longestion		
	gove rise to immediate	10 Mary	singer 1700		
	lying couse lost.	DIASCLE	rosis		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	7.0		CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
					PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO'OR CONTRIBUTING CAUSE OF DEATH	W INJURY OCCURRE	D. (Enter nature of injury in Port I or Port	II of item 1B.)	1
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC	CURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City	ar lown)	(County) (State
	Hour o.m. While Not p. m. 19 at wark at w		ctory, street, affice bldg., etc.)		
		- /	, 1958, to 3-7-	10 FC-11	
	21. I certify that I attended the deceased from				l last saw the deceas
	alive on, 19 3 8 ,	and that death	accurred at 10 A.M. from	eet, city or town, state)	the date stated above
	ACTUAL MAGICA		X	2 - 3	19700
	SIGNATURE SIGNATURE		M.D. 13 Wreng 873		<u>Cal-!</u>
	PHYSICIAN'S NAME (Type)				
20		HE OF CEMETERY O	D CREWATORY TO PART TO A PROPERTY OF THE PROPE	ON 100	
	REMOVAL (Specify) March 10 1958 Den	ME OF CEMETERY O	Cemillion (Killion	ON (City, town, or county	(Stote)
3.	FUNERAL DIRECTOR'S SIGNATURE ADE	PRESS	/ / /240. REC'D BY REGISTR	AR 24b. REGISTRAR'S S	GIGNATURE TO
2	fourtur Walter 251 Can	11/ 1/ 1/11/	11100	6./	0- 1
7	TOWN TO TOWN TO THE TOWN	an / w	DATE MAR 1 0	'58 (1111	12. 7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by 1/5 funeral director. page 3 shaule detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 hald be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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for,	9	
col directo		
Jego.	8	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3596

CERTIFICATE OF DEATH

Reg. Dist. No.

03572

1.	PLACE OF DEATH o. COUNTY Montgome:	rest		MARY	LAND	2. USUAL RESIDE a. STATE Distri			b. COUNT		e before e	admissio	n)
		outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b				ote limits, write	RURAL end g	ive neares	it town)	
	Bethesda	oresi tomij		23 days		Washin	aton			47x-	3		V
	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street			d. STREET AD					0.	IS RESID	ENCE
	OR INSTITUTION				93.00	20 2 33	0.					ON A F	ARM?
-		<u>lcal Center</u>	c, He	thesda, Md.		505 U	Stre	et, N.	W			ES 🗌	NO LJE
	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Me	onth	Doy	Ye	or
	(Type or print)	James	3	(none)		Pooler		DEATH	M	arch	20.	15	58
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED TO NEVER MARRIE	оП	B. DATE OF BIRTH			9. AGE (In year	IF UNDER	YEAR IF		
	Male	Negro	WIDOW	-		May 15.	1.909		last birthdoy)		Doys H	lours	Min.
100	. USUAL OCCUPATIO	N (Give kind of wark	dane 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLA	CE (Stote	or fareign ca	untry)	12. CITI	ZEN OF	WHAT C	OUNTRY?
T	Interior De	ing life, even if retired		nterior Dec		+	Sa	ath Ca			T 0 (
	FATHER'S NAME	ecorator	1 4	Heet Tot. Dec	OLS	14. MOTHER'S N			rolina		U.S.A		
1						14. MOTHER S N	MAIDEN IN	AME					
	Lee Pooler							Martin			27.7		
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. If	WFORMANT The	Med:	ical R	ecord Ad	dress			
	Yes	WW II		nascertains	ble	The Cli	ni ca	1 Cent	or, Bet	hesda	14. N	arv	land
	18. CAUSE OF DEA	TH Enter only one co	use per li	ne for (o), (b), and (c).	7	10,000	0/1			_		AL BETY	
		TH WAS CAUSED BY:	AND)	230000000000000000000000000000000000000	2007	A COLUMN	na a	Locul	4.000	. Aust	ONSET	AND D	EATH
	11113 X	IMMEDIATE CAUSE (o	1000	criesta factos a far	CALL C	March Sell (The	UDEL	CCE	an acc	adem		de	Jul.
	44-1	DUE TO									-		_
	Canditians, if or)										
	gave rise to in couse (o), stating t			,									
	lying cause lost. (c) Hypertetus we arterioscleistic conditions list 17 um												
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT						1(a) 19.	WAS AL	TOPSY
CERTIFICATION		one_									1	PERFOR!	NED?
E	20g. ACCIDENT WA	ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.)											
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. II	NJURY OCCURRED	20e. PL/	CE OF INJURY THE	me, form,	20f. (City	or town)	(C	ounty)		(State)
03	Haur a.m.	19	While	Not while	foc	tory, street, affice b	oldg., etc.						
1 2						05 50	27.		~ -	0			
			deceas	ed from Febru									
	alive on Mar	ch 20,	, 19	58 and that	death	occurred of	:35	M, from	the couses	and on th	e dote	stated	above.
	/	1	0	Chan					eet, city or town				E SIGNED
	ACTUAL SIGNATURE	COLLER	(1	West	-	Th.	e Cli	inical	Center		1	3/21	/58
	SIGNATURE	COO				***********			titutes	of Ho	01+h		
	PHYSICIAN'S NAME (Type)	James C. A	llen	. M.D.			these	- 1	Marvla		AT OIL		
220	1	N, 22b. DATE THEREC			TERV OF								
1	REMOVAL (Specify)	220. DATE INEREC	1-0	22c. NAME OF CEME	TERT OF	REMATORY		226. LOCAT	ION-(City, town,	or county)		(Stote)	0
1	Burial	15-de	-50	will	uly	lou		ar	llug	lou		11.	00
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	0	1 2	40. REC'D	BY REGISTI	PAR 246 REG	ISTRAN'S SIG	NATURE		
1	K. J.C.	rough	3	1 xay	8	t. 81-70, 0	DATE	APR 7	'58 U	Withe	Jacob In		

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VS A1S (4) 1SM 10/S7 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3597 CERTIFICATE OF DEATH

Reg. Dist. No. 13573

1. PLACE OF DEATH a. COUNTY Mon						York York	ed lived. If institution b. COUNTY	on: Residence	before ad	mission)
b. CITY OR TOWN (If a RURAL ond give neon Bethesda	autside carporate limi	ts, write	c. LENGTH OF STA	Y IN 1b		York 4	orate limits, write R	URAL and gi	ve nearest	tawn)
d. NAME OF HOSPITAI OR INSTITUTION The Clinic				Md.	d. STREET ADDRE		reet, Box	c 2334	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Rayr		Clay		Powers	4. DATE OF DEATH	March		Day	Yeor 1958
s. sex	6. COLOR OR RACE White	7. MAR	RIED NEVER MARI		B. DATE OF BIRTH May 27.	1905	9. AGE (In years last birthday) 52 yrs.		YEAR IF U	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATION during most of workin Seaman 13. FATHER'S NAME	I (Give kind af wark g life, even if retired	dane 10b			TRY 11. BIRTHPLACE	(State or foreign Carolina	cauntry)		S.A.	HAT COUNTRY
Purvis Pow	ers				Lelia P					
1S. WAS DECEASED EVER (Yes, no. or unknown) (If	IN U. S. ARMED FOR yes, give wor or dates of s	ervice)	. SOCIAL SECURITY N 086-14-6052		e Clinical				Maryl	and
PART I. DEATH	/ (() 00500 00000									
ICATI		DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE			EN IN PART	PE	AS AUTOPSY REORMED?
20g. ACCIDENT WAS OR CONTRIBUTING I OR CONTRIBUTING I OR CONTRIBUTING I OR CONTRIBUTING I OR CONTRIBUTION OR	EDICAL EXAMINER)		INJURY OCCURRED Not while	20e. PLA	O. (Enter nature of injure) CE OF INJURY (Home, tary, street, affice bldg)	, form, 20f. (Cit		(Co	ounty)	(State)
21. I certify that alive an Marc Actual SIGNATURE PHYSICIAN'S NAME (Type) CAI		19.5	aubuc	uary of death	accurred at 8: The C Natio	58A M, fro ADDRESS (S linical nal Inst	m the causes a street, city or town,	nd an the	e date st	he decease tated abave DATE SIGNE 7/58
220. BURIAL, CREMATION, BEMOVAL (Specify)	3-10-	58	Meade	METERY OF	work,	Tre for	mberto	n	1	Spate) (
23. OJERAL DIRECTOR'S !	t n	Hom	Fall	, Ch	011	REC'D BY REGIS	TRAR TREGIS	TRAR'S SIGN		

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3598 CERTIFICATE OF DEATH

03574

Reg. Dist. No. 215

-	0000			Reg. D	Dist. No. CLD				
	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution: Reside	ence before admission)				
	Montgomery	MARYLAND	Distric	t of Columbia					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tow						
	Bethesda (Rural)	9 days	Washington 47x-3						
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
1	U.S Naval Hospital, Beth	nesda, Md.	1916 17	th Street, N.W.	YES NO NO				
	3. NAME OF First DECEASED (Type or print) Charles	Middle Washington	Price, Jr.	DATE Month OF DEATH March	26 19 58				
	5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.				
	Male White WIDOW	ED DIVORCED	6 October 188	39 last birthday) Months	Days Hours Min.				
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITI during most of working life, even if retired)								
	Detective Pinkerton's Agency New Jersey U								
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
	Charles W. Price, Sr.		Lora Mount						
П	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address					
		known Of	ficial Navy Red	cords					
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LUE TO Conditions, if any, which)	tricalar tal	ille Li chesi	- Sengrafe	INTERVAL BETWEEN ONSET AND DEATH				
	gove rise to immediate couse (a), stating the under- lying cause last. (c)								
2	PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part	I or Part II of item 18.)					
	20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. While p. m. 19 all wor	Not while foo	ACE OF INJURY (Home, farm, 2 tory, street, office bldg., etc.)	Of. (City or town)	(County) (State)				
usual manner.	SIGNATURE	58, and that death	occurred of 8:12P.N	March , 1958 , that I A, from the causes and an MRESS (Street, city or town, state) Hospital, Bethesd Hospital, Bethesd	DATE SIGNED 1a, Md. 3-29-5				
us	REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY 22d	LOCATION (City, town, or county)	(Stote)				
	Burial 3-31-58	Arlington Nat		Arlington, Virgin					
	S.H. HINES, 2901 14th St.,	ADDRESS	24a. REC'D BY		IGNATURE				
	S.H. HINES, 2901 14th St.,	N.W. Washington	D.C. DATE MAR	131 '58 Welled	buch				

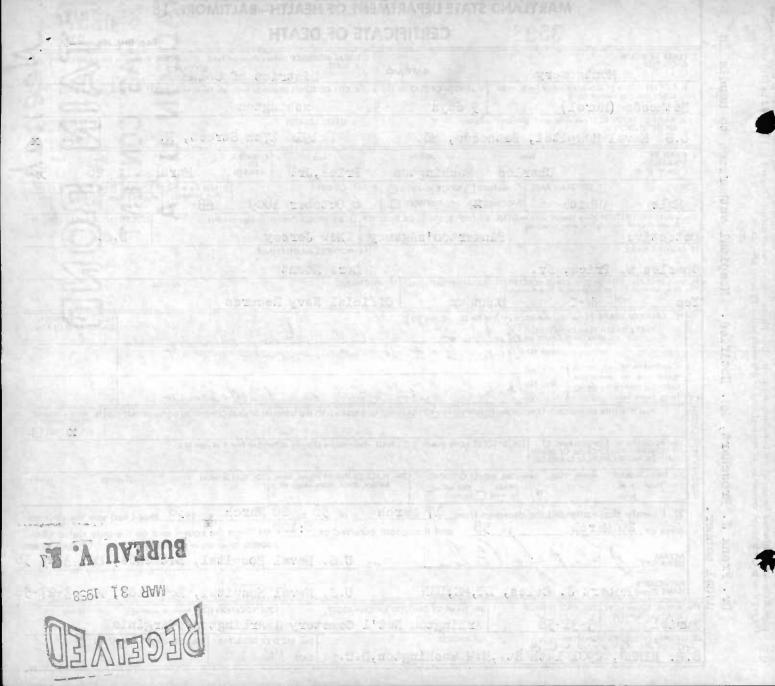
funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the haspital or attending physician. TOR: After this certificate has been signed by the attending physician and campletely filled in by etached for use as the burial-transit permit. Then please remave carbor papers. Pages 1 and 2 to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNERAL DIR the registrar prior VS A15 (4) 15M 10/57

authorized to handle

Hospital

Broschart, MD. Notified.

Dr. Frank J.



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be converded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State is of Health, ar its designated agent, prior to burial, cremation, ar removal, and in proceed within 72 hours after death. M

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE 18 3

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	MEDIC	AL EX	AMINER'S	CERTIFICATE	OF	DEATH		03573
1	82						Reg. Dis	t. No.

1	1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before	odmission)
	montgomere MARYLAND	O. STATE Maryland b. COUNTY Monte	
	b. CITY OR TOWN (If outside corporate limits, write RUAL c. LENGTH OF STAY IN 16 and give parent town)	c. CITY OR IOWN (If ou side carporate limits, write RURAL and give more	st town)
	Rockielle 6 yre	26 Rockwilli	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e.	IS RESIDENCE
	1506 Mandin Out	1 1000	ON A FARM?
1	3. NAME OF First Middle	Last 4. DATE Month Doy	Year
	OECEASED (Type or print)	De OF DEATH had De	1958
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. D.		UNDER 24 HRS.
	Male Wife of WIDOWED DIVORCED D	2-26-11 Holl birthdoy) Months Doys Ho	urs Min.
Ī	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WI	HAT COUNTRY?
	during mast of working life, even if relived) U.S. Govt.	Cal. 01.8	0
1		4. MOTHER'S MAIDEN NAME	
	Charles Price	Unknown	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFO	DRMANT Address	
	W. W. II (If yes, give war or doles of service) 547-03-3266	is Pain (uni) I Ilim 2	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL B	METWEFN
I	PART I. DEATH WAS CAUSED BY:	ONSET AND	D DEATH
	4.20.1 IMMEDIATE CAUSE (a) Change are	121	Mr.
	Conditions if any which i		
I	gave rise ta immediate couse		
	(a), stating the underlying DUE IO		
		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	AS AUTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT		RFORMED?
	PRIMARY O or CONTRIBUTING CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.		
1	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, form, 120f. (City or tawn) (County)	(Slole)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE (White Nat white of wark at wark at wark at wark at wark)	, street, affice bldg., etc.)	
	21. I certify that I took charge of the remains described above.	, held an Autopsy , Inspection , Inquiry ,	and in my
ı	opinian death resulted fram: Natural causes . Accident .	4	
ı	A CONTROL TO THE CONTROL THE CONTROL TO THE CONTROL THE CONTROL TO THE CONTROL TH	John John Commence of Condetermined Mainter L	
	ACTUAL TO PROMOTE THE	A.D. CHIEF MEDICAL EXAMINER []	TE SIGNED
1	SIGNATURE SIGNATURE N	ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S FLANK J. Broschzht	DEPUTY MEDICAL EXAMINER Mar 29-19	958
1	22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CRI		(Stole)
- 25	Burial 4/1/1958 Arlington Nat		ginia
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
	Robert A. Pumphrey-7557Wis. Ave. Bethe	Saa, MARS 1 '59 GOO	
8.5			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Robert A. Fumphrey-7807A18. avc. Estheadn, Ad

hours ofter death. Page

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. Z.

Reg. Dist. No.

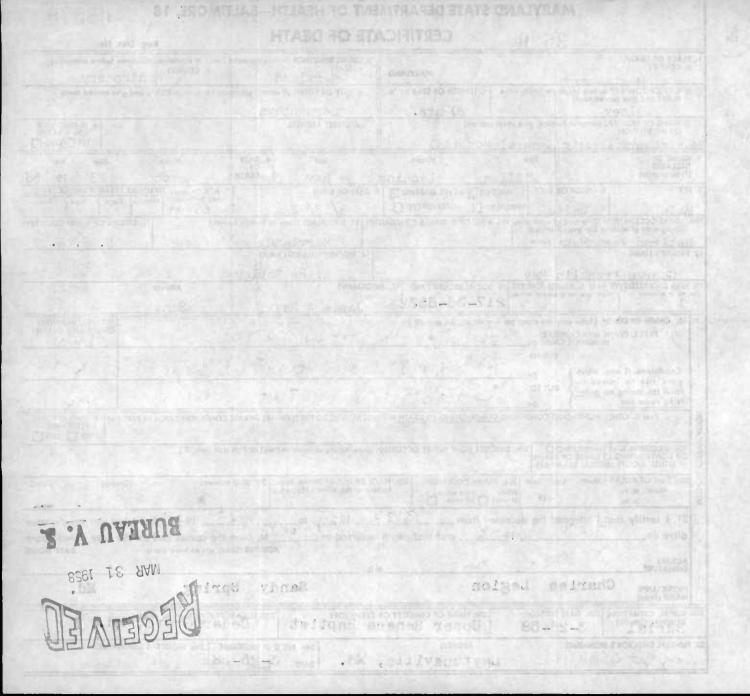
1.	PLACE OF DEATH o. COUNTY Mont.	gomery		MARYLAN		SUAL RESIDENCE (V. STATE Marylan	W. Store	d lived. If instituti b. COUNTY	on: Residence Montgo		ssion)
	b. CITY OR TOWN (II	aulside corporale limit	, write	c. LENGTH OF STAY IN	lb c.	CITY OR TOWN (f outside corpo	prote limits, write R	URAL ond giv	e riegrest lo	wn)
	RURAL ond give ne			20 hrs.	X	Germant	own				
	d. NAME OF HOSPITA	AL (If not in hospital, gi		ddress)	10	. STREET ADDRESS				ON	SIDENCE A FARM?
-	NAME OF	County Gene					1			163[IXNO 🗆
3.	DECEASED (Type or print)	Firs Wi	lliar	Middle n Lanni	ng	Rav	4. DATE OF DEATH	Marc Marc		Doy 23	Year 19 58
5.	SEX	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years			DER 24 HRS.
	Male	White	WIDOWE	DIVORCED		3/13/92		lost birthday) 66 yrs.	Months D	ays Hour	Min.
	a. USUAL OCCUPATIO	N (Give kind of work d	one 10b. K	IND OF BUSINESS OR IN	DUSTRY 1		te ar foreign o		12. CITIZ	EN OF WHA	T COUNTRY?
L	during most of work	ing life, even if retired) m Manager				Maryla MOTHER'S MAIDEN	and			R. S.	Α.
/ "	. TATTER STRAME				1	MOTHER 3 MAIDEN	4 NAME				
16		ranklin Ray					Bogley				
		R IN U. S. ARMED FORCE	vice)		7. INFORA	MANT		Add	ress		
				.7-36-6532	J	anie A Ra	LY	San	ne		
	PART I. DEAT 260 X Canditions, if an gave rise to in	nmediote (4	sterio s	ys /s	ation to	railie	3138030		ONSET AN	Y S
7	lying cause last.	(c)	-3	> gabalta	3	11/19	INS			18	
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONE	OTTIONS CO	ONTRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1	PERF	ORMED?
		S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESCI	RIBE HOW INJURY OCCU	RRED. (Ente	er noture af injury i	n Part I or Par	t II of item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. n. p. m.	Y Month, Day, Year 19	While	OURY OCCURRED 20e		F INJURY (Home, far treet, office bldg., e		y or town)	(Cou	inly)	(Stote)
	actual signature Physician's	chartes	decease , 195	S, and that de	ath accu	195 8, to priced at (C'. 4.1	ADDRESS (S	n the causes of livet, city or town,		date sta	ted abave. PATE SIGNED
22	a. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF		22c NAME OF CEMETER	Y OR CREA	AATORY BOOT 1 at	22d. LOCA	TION (City, town, codar Gro	r county)	d. (Sid	ole)
-	241 242	3-26-58	3	2. 1	eca	Baptist	06	dar dro	, ,		
23	Hyneral Director's	Sarber	امل	ADDRESS aytonevill	e, M		C'D BY REGIST	158 24b. REGIS	STRAR'S, SIGN	ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shout detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and build be filled with the registror page 1 burial, cremation, ar remayal, and in any event within 72 hours after-death.

M

VS A15 (4) 15M 9/55



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3601

CERTIFICATE OF DEATH

03577

-	0						Reg. Dist.	No.	
PLACE OF DEATH O. COUNTY		MARYL		USUAL RESIDENCE (W.o. STATE	/here deceased	lived. If institution b. COUNTY	n: Residence	before adm	ission)
Montgomery		MARIE	240	Maryland			Monte	omer	kr
b. CITY OR TOWN (If outside corpor RURAL and give nearest town)	ate limits, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write RI	JRAL ond giv	e nearest to	wn)
Rural-Germantow		1	X	Bether	sda				
d. NAME OF HOSPITAL (If not in ho OR INSTITUTION			1	d. STREET ADDRESS	7 • 1	m		ON	A FARM?
MaryLander Re		3		1/02 HC	oliday	Terrac	е	YES	□ № 🛛
3. NAME OF DECEASED (Type or print)	First	Middle		Lost	4. DATE OF DEATH	Mont		Day	Year
5. SEX 6. COLOR OR	PACE TO WAR	DIED TO LIEUTER ALABORE		Reed ATE OF BIRTH		Mar	IF UNDER 1	VEAD IE UN	1958
U. COLOR OF		RIED NEVER MARRIE			dno	9. AGE (In years last birthdoy)		ays Hour	
Female Whit			- 1		1870	87 yrs.	3 6	20	
00. USUAL OCCUPATION (Give kind o during most of working life, even if	f work done 10b retired)	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
Housewife		Own home		Pennsy		a	US		
3. FATHER'S NAME			1.	I. MOTHER'S MAIDEN	NAME		12.5		
	orp			Anna	A. W	lise			
15. WAS DECEASED EVER IN U. S. ARM [Yes, no. or unknown] [Ill yes, give wor or	ED FORCES? 16	SOCIAL SECURITY NO.	17. INFO	RMANT		Addr	ess		
No		None	Geo	ree N. Re	ed. s	ame as	2d		
18. CAUSE OF DEATH [Enter only	one cause per l	ine for (o), (b), and (ch)						INTERVAL	RETWEEN
PART I. DEATH WAS CAUSE	ED BY:			1			H. F	ONSET AN	D DEATH
1122 / IMMEDIATE CA	AUSE (o)	White V	MANUT.	mine				7.00	173.
	DUE TO	_ 1 1	-	4.1	A		15.00		0
Conditions, if any, which	(b)	moselin	M C	A LOSTINOS	Man	durage		1046	my.
gave rise to immediate cause (a), stating the under-	DUE TO								
lying couse lost.	(c)							_ '	
PART II. OTHER SIGNIFICAN		CONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE TERM	AINAL DISEASI	CONDITION GIVE	EN IN PART 1	(o) 19. WA	S AUTOPSY
CATIK								PERI	ORMED?
PART II. OTHER SIGNIFICAN PART III. OTHER SIGNIFI	DEATH 20b. DE	SCRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJURY Month, Do	ay, Year 20d. While		20e. PLACE foctory	OF INJURY (Home, fare street, office bldg., et	m, i 20f. (City	or town)	(Cou	inty)	(Stote)
p. m.	19 of wo				,				
21. I certify that Lattende	d the decea	sed from 2/7	2	1938 171	ardi	14, 1957	that I la	t conse the	a dassass
alive an March	A 10	COL	1 4						
dilve di	12	20, and that	geath oc	curred at					
ACTUAL				10.	ADDRESS (SI	reet city or town,	itote)	-/	DATE SIGNED
SIGNATURE	·	~	M.D.	N. Wohn	ARIM			21	(CID)
NAME (Type) James	Pk. Ke	rr		Dama	scus,	Maryla	nd	3/16	/58
220. BURIAL, CREMATION, 22b. DATE	THEREOF	22c. NAME OF CEME	TERY OR CR			ION (City, town, a	r county)	(\$1	ote)
Bur-Trans 3/1	9/58	Oak Grov	re		Mari	etta. O	hio -	11	
23. FUNERAL DIRECTOR'S SIGNATURE	///	ADDRESS		24a. REC	D BY REGIST			ATURE	
Robert A. Pump	hrev 1	Bethesda.	Mary		Will o o	· Cours			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	TE OF DEATH		
	THE PERSON NAME OF	SALISAN	
Section 1995			
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	With the Control of the		Today and
un'energi	star Sparish of a general		
			CHARLES TO
Marie Comment	Com B	lite .	COMMAND STAR THAT
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BOBERO A. Z.			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fyneral director, page 3 shauld the stacked far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 stacked the befiled with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 10/57

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	3694 CERTIFICATE OF DEATH Reg. Dist. No. 03580
	D. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where degeased lived. If institution: Residence before admission) b. COUNTY Maryland Don't gomery Maryland Don't gomery
	b. CITY OR TOWN (If outside corporate limits, write / c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Sorius 11 yrs. 56 Silver Sorius
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 720 Belvedere Blvd, d. STREET ADDRESS 720 Belvedere Blvd, e. IS RESIDENCE ON A FARM? YES \(\sigma \text{ NO BE} \)
,	NAME OF DECEASED (Type or print) First Middle Robb ST. DATE Month Day Year OF DECEASED (Type or print) Wesley Robb ST. DEATH March 30 1958
	S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) White WIDOWED DIVORCED 6/22/93 9. AGE (In years last birthday) Months Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Salesman Automobile Creed, Colorado 12. CITIZEN OF WHAT COUNTRY: U.S.A.
1	James Wesley Robb, Sr. Matilda Thompson
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes WW #1 577-03-6326 Mrs. Clotilde D. Robb, 720 Belvedere Blvd.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the <u>under-lying couse lost.</u> Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The latest design and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work of the other of the other of work of work of the other of work
	21. I certify that I attended the deceased fram. March 25, 1958, to March 30, 1958, that I last saw the deceased alive an March 30, 1958, and that death accurred at 630 AM, fram the causes and an the date stated above ADDRESS (Sired, city or lown, stole) ACTUAL SIGNATURE Bennet a, Parch 30, March 30, Ma
	20. BURIAL CREMATION, PEMOVAL (Specify) BURIAL 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA
1000	DATE MAR 3 1 '58 L'EMPLREY SILVER SPRING, MD. 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE DATE MAR 3 1 '58

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FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 havrs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 30y your files.

TO FUNERAL ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 4 of Health, ar its designated agent, prior to burial, cremation, ar removal, and ip and pent within 72 havrs after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 DE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0.0113			Keg.	Dist. No.				
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where dece	osed lived. If institution: Resi	idence before admission)				
Montgomery	MARYLAND	o. STATE Maryland	b. COUNTY M	ontgomery				
b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		the second secon				
Kensington		X Kensington						
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE				
3820 Washington Street		3820 Washingto	on Street	YES NO				
3. NAME OF DECEASED (Type or print) John	Middle Leonard	ROBERTS OF DEATH	March	Doy Year 11 19 58				
5. SEX 6. COLOR OR RACE 7. MARI	RIED X NEVER MARRIED 1 8.	DATE OF BIRTH	Band Advis San A	ER TYEAR IF UNDER 24 HRS				
Male White widow	ED DIVORCED	Aug. 22, 1895	62 yrs. Months	19 Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	country) 12. C	ITIZEN OF WHAT COUNTRY				
	Legal	Columbia, T	ennessee	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Addison P. Roberts		Lemyra Stanfel	d					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no, or unknown] [Il yes, give war ar dates of service]	6. SOCIAL SECURITY NO. 17. IN	FORMANT	Address					
W. W. I	Mi	nnie L. Roberts-	-Same Item #	2				
18. CAUSE OF DEATH [Enter only one couse per line	e for (o), (b), and (c).]			INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: CO	ronary Occlusio	on		10 hours				
420.1 DUE TO								
Conditions, if ony, which (b)								
gove rise to immediate couse ([0], stating the underlying (DUE TO								
couse last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY				
History of previous he	art attacks			PERFORMED?				
PART II. OTHER SIGNIFICANT CONDITIONS OF HIStory of previous he 20d. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRI	BE HOW INJURY OCCURRED. (En	ter nature of injury in Part I or Part I	l of item 18.)					
3 20c. TIME OF INJURY Month, Doy, Yeor 20d.	. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20f. (Cit	ly or lown) (C	ounty) (State)				
20c. TIME OF INJURY Month, Doy, Yeor Hour a. m. Whi p. m. 19 of w		ry, street, office bldg., etc.)						
21. I certify that I taak charge of the		re, held an Autonsy	Inspection , Inqu	iry 🖬 and in my				
	apinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner							
A TOTAL OF THE PROPERTY OF THE	Cooses My, Accident L	j, Joicide [], Hollicide	, Onderermined	manner 📋				
ACTUAL O	ACTUAL SIGNATURE STREET OF BUSE FOR HOLD CHIEF MEDICAL EXAMINER [] DATE SIGNED							
SIGNATURE JACON GE	mornan.	_m.b. ==						
EXAMINER'S TOMORIE T Progot	nont M D	ASSISTANT MEDICAL EXAMIN		10 1050				
NAME (Type) Frank J. Brosch		DEPUTY MEDICAL EXAMINER		12, 1958				
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR C		ATION (City, town, or county)					
Burial 3-14-58	Arlington Nati			Virginia				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGIS		IGNATURE				
Robert A. Pumphrey-7557	wis. Ave. Betne	esda, Mid	4 '58 1815	educa.				

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	1. PLACE OF DEATH o. COUNTY Montgon	nery	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryla)		COLINITY	timore
	b. CITY OR TOWN (If our RURAL ond give nearest Bethesda	side corporate limits, write t town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		3 Va /-	
5	OR INSTITUTION	f not in hospital, give street Center, Bet		d. STREET ADDRESS	Linwood A	venue	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First Mary	Middle Katherine	Rob1	4. DATE OF DEATH	Month March	28, Yeor 28, 19 58
		COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH September 9,	lost	E (in years IF UNDE birthday) Months	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	100. USUAL OCCUPATION (C during most of working I Housewife	ife, even if retired)	KIND OF BUSINESS OR INDUS	Marylan	d	12. C	U.S.A.
	Michael Szyn	nanski			ne Kantor		
/	15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes	U. S. ARMED FORCES? , give war or dates of service)		nformant The Med he Clinical C			, Maryland
	Canditions, if any, gave rise to imme cause (a), stating the stying cause last.	diate (Constrainos		元 五 仏	عرس	Serve he
	CATIC		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO
		DERLYING [] 20b. DES CAUSE OF DEATH ICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in l	Part I ar Part II of i	tem 18.)	
	20c. TIME OF INJURY N Hour o. m. p. m.	While		ACE OF INJURY (Hame, form stary, street, office bldg., etc.	.)		(County) (State)
	actual SIGNATURE		menest.	occurred at 6:45 The Cli Nationa	AM, from the ADDRESS (Street, cinical Cen	causes and an ty or town, state) ter tes of He	last saw the deceased the date stated above. DATE SIGNED 3/28/3
	220. BURIAL, CREMATION, SEMOVAL (Specify)	22b. DATE THEREOF 4/1/58	22c. NAME OF CEMETERY OF OAK Lawn Cor	R CREMATORY	22d. LOCATION (ity, town, or county)	yla nd (Stote)
	John A. MOI	an 3000 E.	Ballimore St	240. REC'I	D BY REGISTRAR AR 3 1 '58	246 REGISTRAR'S S	IGNATURE

may be retained by the haspital or attending physician.

TO FUNERAL DIFFCTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. page 3 should detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the full be filed with the registrar prior to burial, cremation, ar remaval, and in any event within Thousand offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/SS

CERTIFICATE OF DEATH Carrent of an THE PROPERTY OF THE PARTY OF TH The City of Company of the Committee of the SEAR ST. A SHADE No. of Contract of Light DESTRUCTION CONTRACTOR OF THE CONTRACTOR OF THE STATE OF BUREAU V. E. e S. Aprail no balls and 8381 IS AAM The transfer of the state of th 。 #3 + Work Piles W \$000 UN \$150 UN \$150 UN

FOR STATE HEALTH DEPT.

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessory, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page is should be a formed for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FUNERAL ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stole in 10 Health, it is designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3607				Reg. Dist.	No.		
LACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE o. STATE D.	_	ed. If institut b. COUNTY		before adm	nission)	
. CITY OR TOWN (It outside corporate limits, write RURAL C. LENGTH OF STAY IN 16		(If outside corporete	limits, write	RURAL ond gi	ve neorest fo	own)	
ond give nagrest lown) Derwood	Washi	ngton		117Y.	3		
NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	-0		411		RESIDENCE	
Mt. Zion Nursing Home	229 Bry	ant St.,	V.E.	•		NO G	
NAME OF First Middle DECEASED Type or print) Linwood Guy Rolins	Lost	4. DATE OF DEATH	Month			Year	
	8. DATE OF BIRTH		-	IF UNDER 1Y		DER 24 HRS	
male col. WIDOWED DIVORCED		76	t birthday)	Months Day		-	
. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-	STRY 11. BIRTHPLACE (SI	ole or foreign country	1)	12. CITIZEN	OF WHAT	COUNTRY	
Preacher	Marvl	and		US	A		
FATHER'S NAME	14. MOTHER'S MAIDE						
Iassic Rolins	Meliss	a Grav					
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	a oray	Address				
no, er unknown) (If yes, give war or dates of service)	Nursing Home	Panawa					
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	HOLL STIE HOME	Record			INTERVAL BETW	MAGNI	
	17				DNSET AND DE	EATH	
PART I. DEATH WAS CAUSE OB 1. Aoute cardiac fa:	Liure				3 hrs	3	
DUE 10				32.5			
Conditions, if ony, which (b) Carcinoma of lun	ng				6 mo.		
gove rise to immediate cause (o), stating the underlying DUE TO							
couse lost. (c)							
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE CO	NDITION GIVE	EN IN PART I		AUTOPSY ORMED? NO X	
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in I	Port I or Part II of ite	m 18.)				
20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not while of work of work of work							
21. I certify that I took charge of the remains described ob	ove, held on Auto	psy , Inspe	ction 3.	Inquiry	El. or	nd in my	
opinion death resulted from: Natural couses 7, Accident		Homicide	10	mined mo		,	
The state of the s	L, soleide L,	Tromicide [Onderer	mined mo	illei [
ACTUAL 20 B	CHIEF MEDICAL	EVALUED [7]			DATE	SIGNED	
SIGNATURE TRUNK & Brownart	M.D.			1.1-0			
EXAMINER'S NAME (Type) Frank J. Broschart		AL EXAMINER T	3	4/58			
NAME (Type) FIMILE J. DIOSCHAFT							
BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		22d. LOCATION	(City, town, o	r county)	(Slo	te)	
	R CREMATORY	22d. LOCATION Dicke		r county)		Md	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ARYLAND	STATE DEPARTMENT	OF HEALTH-BA	ALTIMORE, 18

3699 CERTIFICATE OF DEATH

Reg. Dist. No.

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O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	May 9/8/2 Anne Arundie
Burket and give nagrest town 1 250 2 Weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (Until in hospital, give street oddress)	d. STREET ADDRESS AO& SO. 2 e. IS RESIDENCE ON A FARM?
8908 Montgomens AVE.	500 Fairfax AUR. YES NO DE
3. NAME OF DECEASED (Type or print) AMMS First Morio Ro.	Low 4. DATE Month Day Year OF DEATH Mary 8 19.58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	(CTOY 1) DISTURBLE (STATE OF THE STATE OF TH
during most of working life, eventh retired)	ISTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stanilus Stetnick	Wilhelmina ?
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. of unifform) (If yes, give wor or dotes of service) (If yes, give wor or dotes of service)	Morio Rad 8908 Montagemery ave
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Mig & Cordi	Inforction 10 hour
4 d. O. O DUE TO	11.
Conditions, if ony, which (b) (oronamy	Oce Usion 10 hours
gove rise to immediate couse (o), storing the under-lying couse lost. DUE TO Artoriose / se	mote heart disease 15 years
	FNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
13 260x Wishertor Mollety	PERFORMED? YES NO D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO SEATH BUT TO SEA	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While of work of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	7 10/5 - Par = 10/F11111
alive an 1955, and that death	
dive on 122 de la company de l	ADDRESS (Street, city or town, stole). DATE SIGNED
ACTUAL SIGNATURE SIGNATURE SIGNATURE	M.D. 8805 CONN. AUF. 3/8/50
PHYSICIAN'S JOHN B. UMHAU	Charg Chase 15 Md
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) 3/11/58 2c. NAME OF CEMETERY CREMOVAL (Specify)	74 0
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Frank Gerera Sons Co 3605 - 11	7 Sth W DATE MAR 1 0 '58 Clefebuch
wa	ish to c

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VS A15 (4) 15M 9/55 M

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

3610 CERTIFICATE OF DEATH

, 0010	Keg. Dis	I, No.
1. PLACE OF DEATH HONTAMENY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Hamfard b. COUNTY	e before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1. The RURAL and give nearest town)	c. CITY OR TOWN It outside corporate limits, write RURAL and g	ive nearest town
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Am First William	Author DEATH March	Day Year 27- 1938
male windle widowed Divorced	Sept-4-1877 Both yrs. Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired) famming	STRY 11. BIRTHPLACE (State or foreign-country) Lia 12. CIPI Foreign Country, La	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME HENRY HAITELY PULLER	Fannie Janham	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) 214-32-8889 2	ertruck of Butter Porteantle	Mid
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Branchis American	reumoria	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) DUE TO Suffnenza		4 days
gove rise to immediate cause (a), stating the underlying couse last. DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT JOS. ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING 1 CAUSE OF DEATH I/F EITHER. NOTIFY MEDICAL EXAMINER!	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.) (City or town) (C	ounty) (Stote)
21. I certify that I attended the deceased from March - 2 alive on March - 27 and that death	13-, 1938, to Mmch-27-, 1938, that I le a accurred at Gilo P.M., fram the causes and an th	ast saw the deceased
ACTUAL William & Miller	M.D. 7 - Brother avenue	DATE SIGNED
PHYSICIAN'S WILL 4 AM C. MILLER	gaithersburg Ma	14
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	17 11. 000	Tonal
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WELLEN B. H. ALEN BERNENNE	24b. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE

BUREAU V. S. 8361 I.S. AAM

VS A15 (4) 15M 10/57 I

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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CERTIFICATE OF DEATH

2611

03588 Reg. Dist. No.

3011	Reg. D	ist, No.
1. PLACE OF DEATH a. COUNTY MONTGOMERLY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE	nce before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give neocest (pwn) d. NAME OF HOSPITAL (If not in hospital, give street oddress)	c. CITY OR TOWN (If autis) carporote limits, write RURAL and	Place
OR INSTITUTION Suburban	1 de treet address. Densjos Ton Ind	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Nellie Middle	S Cost OV 4. BATE Month OF DEATH March	30 Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8/21/86 last birthdoy) Months	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, exen if refired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph W. Shafor	Lizzie Anderson	
(Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address Liss Lucille Shafor as above	ve
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive	teast failure	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b) Myseculial	Infriction	2 days
gove rise to immediate couse (a), stating the under-lying couse last. DUE TO (c)		G
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Multiple Relimonory embol	i with pulmonary Interestion	PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I ar Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the fall work at work.	LACE OF INJURY (Home, form, 20f. (City or tawn) (ctary, street, office bldg., etc.)	County) (Stote)
21. I certify that lattended the deceased from	19 to 33058, 19 that I occurred at 6 VAM, from the causes and on t	last saw the deceases
ACTUAL SIGNATURE SOUND DOLLAR	M.D. ADDRESS (Street, city ar town, state)	3 3 0 58
PHYSICIAN'S SAM ADEN MO	J' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BUR-Trans 4/1/58 Woodside C	OR CREMATORY 22d. LOCATION (City, town, ar county) emetery Middletown. Oh:	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	
The state of the s	1 / Larra June	LLA



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 moy be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and the permit of the registrar pages 1 and the production, or remained, and in any event within 72 hours often death.

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
3619	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

	00	IW							Re	eg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Monte	romery		MARY	LAND	2. USUAL RESID	vlan		lived. If in b. CO	UNTY	Residence		nission)
B. CITY OR TOWN (RURAL and give n Chevy Ch		its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO		tside carpo	rote limits, v	vrite RURA	L ond give	nearest to	own)
d. NAME OF HOSPI OR INSTITUTION 15 Magno	TAL (If not in hospital,		ddress)		d. STREET AD			rkwa	v			RESIDENCE N A FARM?
NAME OF DECEASED (Type or print)	Bessie	rst	Middle B		Shaw		4. DATE OF DEATH	The second of the tag of	Month 3	c	Day	Year 1958
· SEX	6. COLOR OR RACE	7. MOONED	NEVER MARRIE	_	. DATE OF BIRTH			9. AGE (In lost birth	years IF	UNDER 1 Y		NDER 24 HR
Oa. USUAL OCCUPATION during most of war	ON (Give kind of wark king life, even if retired	dane 10b. K	PA		2-11-1 TRY 11. BIRTHPLA		-	ountry)		12. CITIZE		AT COUNT
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	100	olina		U	J.S.A	-
S. F	B. B.	ixton			Eliza	heth	Peel	0				
WAS DECEASED EVE	R IN U. S. ARMED FOI	CES? 16. S	OCIAL SECURITY NO.	17. tN	FORMANT	0.616.50	1661		Address			
				H	lenry M	. Sh	2 707	A	de e	ove		
The second secon	ATH [Enter anly one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	100	for (o), (b), and (c). The suggestion of the sug	che	hear	Y fa	ilu	rear				BETWEEN ND DEATH
gave rise to i cause (o), stating lying cause last.	the under-					cero	aus	eus			10 equ	1
	HER SIGNIFICANT CON	IDITIONS CO	INTRIBUTING TO DEA	TH BUT N	NOT RELATED TO	THE TERMIN	IAL DISEASI	CONDITIO	N GIVEN	IN PART 1(PER	S AUTOPS FORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OF	CCURRED.	(Enter noture of	injury in Po	ort t ar Port	It of item 1	B.)			
20c. TIME OF INJUR Haur a. j., p. m.	RY Manth, Day, Ye	20d. INJ While of work	Not while	20e, PLAC facto	CE OF INJURY (H ory, street, office	ome, form, bldg., etc.)	20f. (City	ar town)		(Cou	nty)	(Stot
21. I certify the	nat I attended the	deceased		death (, 19 <u>4</u> 2	10 /	MAN, from					ne decea
ACTUAL SIGNATURE	Allan	il!	ag ?	м	D. 1150	A		reet, city or An			62	DATE SIGN
PHYSICIAN'S NAME (Type)	R. Massid	Page			.1150	Con	n A	re. N	W	- Noc	ıhl	DC_
Removal (Specify)			22c. NAME OF CEME	TERY OR			22d. LOCAT	ION (City), t			(s	tote)
3. FUNERAL DIRECTOR		12.00	ADDRESS				BY REGIST			R'S SIGN		LES
Jos. Gawl	ler's Son	g 7	756 Pa	Δπο	NT TH	DATE M	AR 2 6	58	July.	-edu	ch	

CERTIFICATE OF DEATH

BUREAU V. E.

A PRINCE TO

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8361 88 AAM



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIFFICIOR: After this certificate has been signed by the ottending physician and completely filled in b. We funeral director, page 3 should detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and build be filled with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours offer death. M. 90 I VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3613 CEPTIFICATE OF DEATH

3613	CERTIFICA	ATE OF DEATI	н	Reg. Dist. No. 03591
1. PLACE OF DEATH O. COUNTY MONTANEXU	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institution b. COUNTY	ne Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	1 da.	x Garrett	oulside corporate limits, write RU	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Alfa Vista	Rest Home	d. STREET ADDRESS	Kenilworth A.	e. IS RESIDENCE ON A FARM? YES NO I
3. NAME OF First (Type or print) Tenyor	e Henry	1 Smith	4. DATE Month	h 25 1958
m W. WIDON	WED DIVORCED	S. DATE OF BIRTH	1888 69 yrs.	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 100 during most of working life, even if retired)	U.S. Gout	new ?	Tersen	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME GEORGE HENRY S	Smith Sr.	14. MOTHER'S MAIDEN	nenia S	chilling
(Yes, not) or unknown) (If yes, give wor or days of service)	unknown!	Mrs. E. Har	cold Patterson	Garrett Park, M.
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Cerebral	Hum	bons	INTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	Cenhal	arteni	nleson	o 1+yr
PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MAL DISPASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 1 206. DE OR CONTRIBUTING 1 CAUSE OF DEATH (IF ELIMER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)	
Hour o. m. Whil		ACE OF INJURY (Home, forectory, street, office bidg., etc.	m, 20f. (City or town)	(County) (Slote)
21. I certify that I attended the decedrative on 24 man, 19. ACTUAL SIGNATURE		accurred of 39		that I last saw the deceased and an the date stated above. DATE SIGNED 2 SMA
PHYSICIAN'S A. H. Richwine	5522 Weste	ern Avenue,	Chevy Chase, M	aryland
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3/28/58	Rock Creed		22d. LOCATION (City, town, or Washington	5 0
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR 246. REGIST	TRAR'S SIGNATURE

	WEITE DEPARTMENT
	PARTITION OF THE CERTIFICATE
	Man or the first trace to the first trace trace to the first trace trace to the first trace trace trace to the first trace
TATALO CONTRACTOR OF THE PERSON OF THE PERSO	SO JAMA 2 disAtalic
	The A (I communicate (I would be about 1)
Tue 7 2 Te 24 25 27 17 7 12 7 12 7 12 7 12 7 12 7 12	
BUREAU V. F.	other a 24 March at 175 and the standard
8381 881 MAM (TELL CART) COULA	1701ap / 8886 - 41.501011 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 .

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be "recarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by your files.

TO FUNERAL CTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State if all of Health, or its designared agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03592

eg. Dist. No.

	Keg, L	ist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	lence before admission)
o. COUNTY M INTE MARYLAND	o. STATE maryland b. COUNTY M	into
b. CITY OR TOWN (H outside Orporpte limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporale limits, write RURAL an	d give hearest town)
of give nearest town) String 3 yrs	56 11:0 - Abres	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sweet address)	d. STREET ADDRESS	e. IS RESIDENCE
800 Dala Da	800 Vale Da	YES NO E
3. NAME OF DECEASED (Type or print) Cascar Nathaniel S	neith death mar	Day Year 24 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE thn years lost birthday) AAontha	
male withte WIDOWED DIVORCED []	(4.2. 25 1885 72 yrs. Months	Doys Hours Min.
On. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 7. BIRTHPLACE (State or foreign country) 12. CI	IZEN OF WHAT COUNTR
during most of working life, even if retired)	P. S.	1.3.6
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1.0100
1150	11.04 D	
Wilson Smith	Wolf richon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) 111 yes, give war or dates of tervice) 16. SOCIAL SECURITY NO. 17.	INFORMANT 1901 N N Address	
in the second se	2 Smith Wush DC	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		ENTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	frillation	3 /2-
IMMEDIATE CAUSE (a) Wenter in the Tu	rue cur	7720
DUE TO DUE TO	00-1	
Conditions, if any, which gave rise to immediate cause (b) Claute March	1 SLOTA	
(a), stating the underlying DUE TO		34m
couse lost. (c) hypureur		1 / /
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
	Enter nature of injury in Port 1 or Part 11 of item 18.)	
	ACE OF INJURY (Home, farm, i 20f. (City or lawn) (Co	ounly) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL/ Haur a. m. p. m. 19 While Not while at wark 19 at wark 19	tory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described ob	ove, held on Autopsy [], Inspection [A. Inqui	ry , and in m
opinion death resulted from: Natural causes , Accident	, Suicide, Homicide, Undetermined	monner [
1	hand, control hand, control hand,	
ACTUAL to 1 / 2 mass of	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE VIEWS 1 JUST NEWS	M.U.	
EXAMINER'S FRANK J. BLOSCHZIT	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER A Mal	24 1958
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 3/24/38 CEDARHILL	R CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SI	GNATURE
losell F Birely Low WIACHING	TONDC DATE MAR 2 6 '58 Clubes	ruch
Joseph 1. 10 voluments, YVICSAINO	TO STORY	

BUREAU V. E.

1958 1958

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded in the funeral director. Page 4 should be forwarded in the followerded in the followerded in the file of the followerded in the file of the followerded in the file of the followerd is a should be used as a burial-transit permit. File pages 1 and 2 with the registrar pression bugiol, cremation, forworded 'TO FUNERA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 3593

		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution; Residen	ce before admission)
		b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	mariand 1110	シンナ
		and give nearest town)	c. CITY OR TOWN (IF dutside corporate limits, write RURAL and	give nearest town)
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	56 Silver Spring	te occipence
9		Wash, San & Hosp	205 Waterford Pd.	e. IS RESIDENCE ON A FARM? YES NO D
		NAME OF DECEASED (Type or print) Scott Royal	Smith A. DATE Month OF DEATH Mar	Day Year 31 1958
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18.	DATE OF BIRTH 12/20/53 9. AGE (In your IF UNDER)	
	7	nale white widowed Divorced	DXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	loys Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) CHILD NONE	MARYLAND	EN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Royal Z. Smith	MARCARET F. Branum	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address	
		NONE /	toy. Record	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	V	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphysica		sudohn
		475 X DUE TO		
'n		?		
		gove rise to immediate cause (o), stating the underlying cause last. (c) When Cauty,	Respustory Judichin	24 hrs.
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	CERTIFICATION	LIVINGKI D OF CONTRIBUTION D	ter noture of injury in Part I or Part II of item 18.)	YES NO
		CAUSE OF DEATH.		
B	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a. m. p. m. 19 20d. INJURY OCCURED 20e. PLAC foctor of work of work 1	E OF INJURY (Home, form, y, street, office bldg., etc.) (City or town) (Coun	ty) (Slote)
	of	21. I certify that I taok charge af the remains described abav	e, held an Autopsy 🔀, Inspection 🔲, Inquiry	, and find that
		death resulted fram: Natural causes 🔼, Accident 🔲, Suic	ide, Homicide, Undetermined cause	
0	Ĭ	SIGNATURE Trank of Brose heart	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
de		EXAMINER'S FRANK T. Broschart	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 3-3/	-28
	220 BU.	BURIAL, CREMATION, 1225. DATE THEREOF PARKLAWN CEMETRY OR C PARKLAWN CEMETR		MARYLAND
	23.	FUNERAL DIRECTOR'S SIGNATURE SALVEY, SILVER SPRING,	MD. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	TURE

VS. A15ME(5) 5M 9/55

or removal.

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral disector. Page 4 should be and any one that the following the Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. or its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 hours after death

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 26 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0010	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY MARYLAN MARYLAN	o. STATE MA b. COUNTY MAN TO
b. CITY OR TOWN (It outside composte limits, waite RURAL C. LENGTH OF STAY IN 1	c. CITY OR TOWN (If autside corparate timits, write RURAL and give narest town)
Wir to Towns () of a garage	Malt. 11 Deceny
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street poddress)	STREET ADDRESS / e. IS RESIDENCE
Wast. 16.	Velach. 16 ON A FARM? YES NO 12
3. NAME OF DECEASED First Middle (Type or print)	Lost 4. DATE Month Day Year OF DEATH Man 3 1858
5. SEX 6. COLOR OR RAYE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS.
male white WIDOWED DIVORCED	3-21-1903 Syrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Maryer	N.g. 21.5.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Odristopher Smith	Catherine Hearn
	Mrs. Frances Smith, Yorktown Village, Md.
18. CAUSE OF DEATH [Enter only one cause per tine far (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: (2) Oronary &	exclusion Onset and Death
1 201	Deciden
Confidence is now a tital	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
5 Fishry of previous allas	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	(Enter nature of injury in Part I or Part II af item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. P Hour a. m. P. m. 19 While Nat while at work at work	LACE OF INJURY (Hame, form, 20f. (City or tawn) (Caunty) (State)
Hour a. m. P. m. 19 White Nat white at work at work	actory, street, office bldg., etc.)
21. I certify that I took charge of the remains described of	pove, held on Autopsy , Inspection K, Inquiry K, and in my
opinion deoth resulted from: Natural causes , Accident	, Suicide, Homicide, Undetermined monner
ACTUAL 10 Broad +	CHIEF MEDICAL EVANINER TO DATE SIGNED
SIGNATURE Track J. Bose hout	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S FHANK J. Broschary	ASSISTANT MEDICAL EXAMINER 3 3 - 3 - 58
22c. NAME OF CHMETERY CREMOVAL (Specify) 3/5/58	or crematory 22d. LOCATION (City, town, or county) (State) Suitland, Md.
23. FUNERAL DIRECTOR'S SIGNATURE 1756 Pa. Ave. 1	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Joseph Cawles Jons, Mc 100 Fa. AVE. 1	W. DC DATE MAR 6 '58 Que found

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MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18
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03595 CEDTIEICATE OF DEATH

	36	16	CERI	II ICA	TIE OF D	EMII			Reg. Dist.	No.	215
. PLACE OF DEATH					2. USUAL RESID	ENCE (W	here deceased	lived. If institution	on: Residence	before c	odmission) -
	ntgomery	89	MAR	YLAND	o. STATE	irgi	nia	b. COUNTY			
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR T	OWN (If	outside corpor	ole limits, write R	URAL and giv	re neares	t town)
Bethesda	(Rural)		3 days		F	alls	Church	a	83×-	3	4
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	address)		d. STREET A	DRESS				e. 1	S RESIDENCE
U.S. Nava	l Hospital,	Beth	nesda, Mar	yland	1133 Pe	yton	-Rando	lph Driv	е	- 1	ES NO
3. NAME OF DECEASED	Fir	st	Middl	e	Last		4. DATE	Mon	th	Day	Yeor
(Type or print)	Antho		Leonar		SMOLSK	Y	DEATH	Marc	h	13	1958
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR	IED I	. DATE OF BIRTH			9. AGE (In years last birthday)			UNDER 24 HRS.
Male	White	WIDOW			25 Feb.			yrs.	Months D	8's H	ours Min,
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	CE (State	or foreign co	untry)	12. CITIZ	EN OF V	VHAT COUNTRY
None		100	Vone	- 9	N	aryl	and		U	.S.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN I	NAME				
Matt (n)	SMOLSKY				Anise	Loui	se JUS	PICE			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	O. 17. IN	FORMANT			Addi	ess		
No			None	(Fa	ther) Ma	tt S	MOLSKY	(Same A	s #2)		
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (a), (b), and (c)).]						INTERV	AL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Co	naestin	0 1/0	ant F	7/1	kno		777	ONSET	AND DEATH
1545	DUE TO		7								
Conditions, if	ony, which)	Co	manifer	111	cent Di	2000	. (Treenve	-)	2	Ac
gave rise to			ing course					- Work	2	-8.0	
lying cause last	the under-										
PART II. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DI	EATH BUT I	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. \	WAS AUTOPSY
Solone	nnoumon	10 1	chick on	11500	accept	7.	10000		17.	P	PERFORMED?
20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRED	. (Enter nature of	injury in	Part I or Part	II of item 18.)			140
OR CONTRIBUTING	G CAUSE OF DEATH										
3 20c. TIME OF INJU	RY Month, Day, Yes	or 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY IF	ome, farm	n, 20f. (City	or town)	(Co	unty)	(State)
20c. TIME OF INJU Hour a. m. p. m.	19	While of world	Not while	fact	ory, street, office	bldg., etc	2.)			/1	(0.0.0)
				owah	1958	. 1	2 Maria	b E8			
	hat I attended the March	deceas							",that I la	st saw	the deceased
olive on 13	Mar on	, 19	and tho	t death	accurred at:			the causes a		date	stated abave
ACTUAL	2000	, 4	1-01h					eet, city or town,		1/7	DATE SIGNED
SIGNATURE	16com 1	111	egg Al	N	LD. U.S.	Nava	T Hosp	ital, Be	tnesda	2 1/10	. 3-14-
PHYSICIAN'S	dam G. Thorn	Tw	דווו אמין דווכ	TAT	TT C	Morro	7 110	thel De		Ma	1
			LT,MC,US			Mava		ital, Be		2 MG	•
REMOVAL (Specify	3-17-58	r	22c. NAME OF CEN					ON (City, town, o			(State)
		m m	Private C	eme ce				ey, West			
23. FUNERAL DIRECTO	12 (12) 1 12 1/1 / / / /	Thomas	ADDRESS	Josh de			D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN	ATURE	
H.M. CHami	pers, 1400 ('mah J	17 Dr. 11 . M. 1	vasn1	Igton, D.	DMIED 4	7 150	600	/		

U.S. Marel Confide, M. Marel, Regulari IVI Congression 210. Ser. So . saltra es an *** vi and Tale Charles Color and depote the central color and another including many UALAUS 8361 27 84W WY 1328 Tropoder brown to be equipment of the first

VS A15 (4) 15M 9/55

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Dam Diet Na

1. PLACE OF DEATH C. COUNTY C. COUNT		Keg, Dist. No.
## ALLES OF DATA COUNTY CONTROLL SECURITY NO. 17. INFORMANT COUNTY COUN	a. COUNTY	a. STATE b. COUNTY /
d. STREET ADDRESS G. 18 SELUENCE ON F. PROSECUTION (Give in the course per fine for (b). (b). and (c).	RURAY and give nearest town	12 1 4 9 4
DECARSO DEATH 19 Set 1	d. DIAME OF HOSPITAL (If not in hospital, give street oddress) OKTINION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
DIVONCED 3-13-85 Months Days Hours Min.	DECEASED 1/2 7-1	OF CO
13. FATEE'S NAME	O CAAA	lost hirthday) March D
13. FATHER'S MAME LOTED 70 AUST 10 15. WAS DECESTÈRE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (IV. No. or unknown) 18. CAUSE OF DEATH [Enter only one couse peryline for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the wader (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OR CONTRIBUTING CAUSE OF DEATH OR COURSED OR CONTRIBUTING CAUSE OF DEATH OR COURSED OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20c. TIME OF INJURY Medical Examiners 10 While Not while of work of the course of	during most of working life, even if retired)	
15. WAS DECEASED FUR IN U. S. ARMED FORCES? (THE NO. OF Unknown) 16. CAUSE OF DEATH [Enter only one couse per fine for [o], (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per fine for [o], (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per fine for [o], (b), and (c).] 19. PART I. DEATH WAS CAUSED BY 19. IMMEDIATE CAUSE (a) 10. DUE TO 10. Conditions, if any, which gove rise to immediate couse [o], stating the under [o] 10. Conditions, if ony, which gove rise to immediate couse [o], stating the under [thing couse lost.] 10. Conditions, if ony, which gove rise to immediate couse [o]. Stating the under [thing couse lost.] 10. Conditions, if ony, which gove rise to immediate couse [o]. Stating the under [thing couse lost.] 10. Conditions, if ony, which gove rise to immediate couse [o]. Stating the under [thing couse lost.] 10. Conditions, if ony, which gove rise to immediate couse [o]. Stating the under [thing couse lost.] 10. DUE TO 10	13. FATHER'S NAME	
PART I. DEATH WAS CAUSE DRY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (b). Indied the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE of PEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERTYING COUNTRIBUTING COLUMN COL	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Iff yes, give wor or dofes of service) 16. SOCIAL SECURITY NO.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PART II. OTHER SIGNIFICANT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PART II. OTHER SIGNIFICANT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PART II. OTHER SIGNIFICANT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PART II. OTHER SIGNIFICANT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PART II. OTHER SIGNIFICANT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II or Part II of item 18.) PART II. OTHER SIGNIFICANT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II or P	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which)	ONSET AND DEATH
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While of work of wor	lying couse lost. Due to Cloud 'Ca -a	ecor faciliare, ut not related to the terminal disease condition given in part 1(0) 19. WAS AUTOPSY
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While of work of wor	Z Z	
21. I certify that I attended the deceased from. 21. I certify that I attended the deceased from. 22. I certify that I attended the deceased from. 23. I certify that I attended the deceased from. 23. I certify that I attended the deceased from. 23. I certify that I attended the deceased from. 23. I certify that I attended the deceased from. 23. I certify that I attended the deceased from. 24. I certify that I attended the deceased from. 25. I certify that I attended the deceased from. 26. I certify that I last saw the deceased from. 27. I certify that I attended the deceased from. 28. I certify that I attended the deceased from. 29. I certify that I attended the deceased from. 29. I certify that I attended the deceased from. 29. I certify that I attended the deceased from. 29. I certify that I attended the deceased from. 29. I certify that I attended the deceased from. 29. I certify that I attended the deceased from. 29. I certify that I attended the deceased from. 29. I certify that I last saw the deceased from. 29. I certify that I attended the deceased from. 29. I certify that I last saw the deceased from. 29. I certify that I last saw the deceased from. 29. I certify that I last saw the deceased from. 29. I certify that I last saw the deceased from. 29. I certify that I last saw the deceased from. 29. I certify that I last saw the deceased from that I last saw the deceased from th		RED. (Enter nature af injury in Part I ar Part II of item 18.)
olive on	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. m. While of work of work of work 19	PLACE OF INJURY (Hame, farm. 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)
NAME (Type) / 6 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7	ofive on 3/16/, 19 75, and that dea	th occurred at 1045 M, from the couses and on the date stated above
PREMOVAL (Secify) ACT TO SERVICE ADDRESS LO ASMIZ DC 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURY 23. THE PROVINCE ADDRESS LO ASMIZ DC 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURY ADDRESS LO ASMIZ DC 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURY	PHYSICIAN'S HOWARD T. MORS'E	u u a
MADIS 158 TOUR DANGE OF THE MADIS 158 TOUR ASSETS	229 BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY REMOVAL (Secify)	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	23. MILES DIRECTOR'S SIGNARE CONTROL ADDRESS LUA	MAD 1 8 '58 809

SOS: SI RAM

Mediting reflections

FOR STATE

ol director. Page director. Page director files. I

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is ne execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained?

TO FUNERAL CTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designant agent, prior to buriol, cremation, or its designant within 72 hours after death. VS. ATSME

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	2617					Reg. Dist. No).
1. PLACE OF DEATH a. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE o. STATEMARY		ed lived. If institu b. COUNT		
b. CITY OR TOWN (If a ond give nearest town)	SILVER SPRI		c. CITY OR TOWN	(If outside corp ER SPRIN		RURAL and give r	rearest tawn)
	ORGIA AVENUE	in hospital, give street address)	d. STREET ADDRESS	S GEORGIA	AVENUE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CLARENCE L		Lost	4. DATE OF DEATH	Manth		Year 19 58
MALE	THE RESERVE THE PARTY OF THE PA	MARRIED NEVER MARRIED DIVORCED DIVORCED	8/1/85		9. AGE (In years fast birthday) 72 yrs.	IF UNDER TYEAR Months Days	IF UNDER 24 HRS Hours Min.
00. USUAL OCCUPATION during most of working rof. soldies	g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTU. S. Army	Neillsv:			12. CITIZEN O	WHAT COUNTRY
13. FATHER'S NAME Layfette 1	M. Sturdevant		14. MOTHER'S MAIDEN				52
YES (Yes, no. or unknown)	R IN U. S. ARMED FORCES? (1) yes, give war or dates of terrice) WW. # 1 & WW # H [Enter only one couse pe	2 577-50-82364 M	rs. Beth Y.			817 Ga.	
	iate couse	Ceronary of	cclusion				sudden
		NS CONTRIBUTING TO DEATH BUT I					9. WAS AUTOPSY PERFORMED? YES NO TO
	SE WAS 1205. DE	SCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in I	Fort 1 or Part II e	of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yeor	20d. INJURY OCCURRED While Not while of work foci	CE OF INJURY (Home, fo ory, street, affice bldg., o	orm, 20f. (City	or town)	(County)	(State)
		the remoins described aboral couses 🔣, Accident				Inquiry T	
ACTUAL SIGNATURE	Fund J. Br	orhack	M.D. CHIEF MEDICAL				DATE SIGNED
	FRANK J. BROS		DEPUTY MEDICA	AL EXAMINER			3/31/58
REMOVAL (Specify) URIAL	4/3/58	ARLINGTON NAT			INGTON, V		(Stote)
Danner G.	SIGNATURE LUMBHULL	SILVER SPRING		APR 3	AR 246 REGIS	STRAR'S SIGNATUL	5

THATSERETS DOLL STORE IN A.Z.U - Discount . II willion THE STATE OF THE S verogra ocelusis BUREAU V. E. # 25 Ed . Bracket X max brief consumer to a ready edei & A9A X AND THE POTTER OF THE PARTY OF THE PERSON NAMED AND PARTY OF THE PARTY OF T

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO 3618 CERTIFICATE OF DEATH		g, Dist. No	3598
filed with	1.	MONIGOREAL	If institution: F	Residence befo	ore admission)
0 9 0	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pagest lawn)	its, write RURA	L ond give ne	arest town)
Fund l		BETHESDA (RURAL) 1MO. 11DAYS STANLEY RT. 2		83x.	.3
51	L	d. NAME OF HOSPITAL (If not in haspitat, give street address) OR INSTITUTION U.S. NAVAL HOSPITAL BETHESDA, MD.			e. IS RESIDENCE ON A FARM? YES NO
Poges 1 and	3.	3. NAME OF DECEASED (Type or print) RUBY MARIE TEDESCO 4. DATE OF DEATH MAR	Month RCH	29	19 58
completely copers. Pogoth.	5.	lost h		7	IF UNDER 24 HRS.
		FEMALE WHITE WIDOWED DIVORCED 11 NOVEMBER 1924 33	yrs.	onths Doys	Haurs Min.
deoth.	L	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE HOUSEWIFE 11. 8IRTHPLACE (State or foreign country) HOUSEWIFE VIRGINIA		12. CITIZEN O	F WHAT COUNTRY
dhe do	13. FA	13. FATHER'S NAME			
hours		HARRY A. GRAY ELSIE SOUTHERN			
72	15.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (HUSBAND) GEORGE E. TEDES	Address SCO (SA	AME AS	# 2)
n please re		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INT	ERVAL BETWEEN SET AND DEATH
e to		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARCINOMA METASTATIC BREAST			1-4RS+
e e		170 X DUE TO		190	
ony	CAL CERTIFICATION	Conditions, if any, which (b) (b)			
ond in		cause (a), stating the under- lying cause last. DUE TO (c)			
Josof 2			ITION GIVEN I	N PART 1(a)	PERFORMED? YES NO
or re	CERT	OR CONTRIBUTING CAUSE OF DEATH ADD. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of ite	em 18.)		
emotion	MEDICA	Hour a. m. While Not while factory, street, affice bldg., etc.) p. m. 19 of work of work)	(County)	(State)
buriol, cr		21. I certify that I attended the deceased from 17 FEBRUARY, 1958, to 29 MARCH alive on 29 MARCH, 1958, and that death occurred at 5;30 BM, from the company of the company			aw the decease
of ro		ACTUAL R. G. Galliceute M.D. U.S. NAVAL HOSPITAL	or town, state	esda, 1	DATE SIGNE
stror pr		PHYSICIAN'S NAME (Type) R.G. GALBRAITH LT MC US N U.S. NAVAL HOSPITAL	BETH	ESDA, 1	MID.
	220	220. BURIAL, CREMATION, PEMOVAL (Specify) BURIAL (Specify) 4-1-58 22c. NAME OF CEMETERY OR CREMATORY ARLINGTON NAT'L CEMETARY ARLINGTON ARLINGTON	ty, town, or co		(State)
(4)	23.	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 2	24b. REGISTRAI	R'S SIGNATU	RE
4) 57	1	BRADLEY'S FUNERAL HOME LURAY, VIRGINIA DATE 100 2 158	Reed	carel	Alleter A
	5	2Sy: Pl Campbell.			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	361	3	CERTIFIC	ATE OF DEAT	TH		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Montgomery			MARYLAND	2. USUAL RESIDENCE (0. STATE Michigan	Where decease	ed lived. If institution by COUNTY	on: Resider			sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)			c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp			give nec	prest town	1) \
			157 days	Inkster		59	K-3			
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION The Clinical Center, Bethesda 14, Md.				d. STREET ADDRESS					e. IS RES	
				4379 Bridgeport Court					YES NO	
3. NAME OF DECEASED (Type or print)	Rosa	rst	Middle Belle	Lost Teel	4. DATE OF DEATH	Mon		Do 1	,	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF SIRTH		9. AGE (In years			-	ER 24 HRS.
Female	Negroid	WIDOWE	D DIVORCED	May 6, 192	1	36 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind af working life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sic	ate ar fareign (country)	12. CI	TIZEN C	F WHAT	COUNTRY
Housewife			lone	Georgia			U.	. S.	A.	
13. FATHER'S NAME	4. 1 . 3	9		14. MOTHER'S MAIDEN	NAME					
John Marks				Mary (Unk	nown)			1		
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT The M	edical	Record	ress			
No			ot available	The Clinica	1 Cent	er, Bethe	sda]	Ц, 1	Mary	land
PART I. DEAT Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	H WAS CAUSED 8Y: IMMEDIATE CAUSE (or DUE TO IV, which (bunder- the under- (c)	m to	brain - with pape o, metastase	rio CARCINOMA increased in illedema s to lungs,	liver,	nin/ press spleen, 9	+ Righ	ons		3 MON
CATI	See 0	bove					EN IN PAR	T 1(o) 1	PERFC	AUTOPSY DRMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRISE HOW INJURY OCCURI	RED. (Enter noture of injury i	in Part I or Pa	rt II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.	19	While of work	Nat while of work	PLACE OF INJURY (Home, for actory, street, office bldg.,	orm, 20f. (Cit	y or town)	(County)		(State)
actual signature Physician's NAME (Type)	S. Kahn,	19 7/1 M. D.	1	h occurred at 12: M.D. The Clin The Nati Bethesda	ical Co	m the causes of street, city or town, enter	and an t state) Mar	he do	te state	decease ed abave ATE SIGNE 958
220. BURIAL CREMATION REMOVAL (Specify)	Mar. 7	OF	DE HEIRY	Mich.	MI	TION (City, town,			(Stot	e)
23. FUNERAL DIRECTOR'S	RS FUT	1e ITA	Homp		AAR 6	TRAR 246. REGIS	STRAR'S SI	SNATUR	t E	

CERTIFICATE OF DEATH

A SENTENCE OF THE PROPERTY OF

Statement of the second of the

BUREAU V. E.

DECENTED

directo filed death. funeral of pe PIC 2 death. FUNERAL DIRECTOR: After age 3 should detached be registrar properties. be retained TO HOSPITAL page ò 0

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03600 CERTIFICATE OF DEATH 3620 Reg. Dist. Na PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Montgomery Montgomery Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda Bethesda. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Resmor Sanitarium ON A FARM? 6509 River Road YES NO K NAME OF Middle 4. DATE Manth DECEASED OF DEATH (Type or print) MAREL 1778m12 manical 19 5 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy) Hours Oct.19,1880 WIDOWED TAK DIVORCED TT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Canada USA Exec-AT & T 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Teskey Helen Horne IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Brother Same as Charles Teskey Item No None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hrs 156.1 DUE TO Conditions, if any, which) gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Haur a. ft. Not while at work at work p. m. 21. I certify that I attended the deceased from 195 __,that I last saw the deceased .____, and that death occurred at 1145 M, from the causes and on the date stated above. alive on_2/6 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S 11. mi 121 D NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) ur-Transit Orillia, James Cemeterv Ontario, Canada. 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAB'S SIGNATURE A. Pumphrey-Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3621

CERTIFICATE OF DEATH

03601

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Montgomery							
b. CITY OR TOWN (If outside corporate limits, write RURA) and give pagest town) Chevy Chase	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chevy Chase							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 101 E. Lenox Street	/ d. STREET ADDRESS 101 E. Lenox Street e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \) X							
3. NAME OF First Middle DECEASED (Type or print) Susan W. TE	WKSBURY 4. DATE OF DEATH March 28, 1958							
	B. DATE OF BIRTH May 19, 1885 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Managh Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Housewife 13. FATHER'S NAME	Virginia USA							
(Ver en en entere et	Lucy Hinton Davis NFORMANT Address							
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. DUE TO Conditions to immediate couse (a), stating the under-lying couse last. (c)	Certificant Disease 2 years							
CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while for ot work of twork of twork of twork of twork of two diverses of the deceased from Actual Signature Michel M. Healy, M. D. 220. BURIAL, CREMATION, BURIAL, BURI	M.D. Washington (State) ADDRESS (Street city of town, state) ADDRESS (Street city of town, state)							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-7557Wis. Ave. Beth	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							

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BUREAU V. S.			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3622 CERTIFICATE OF DEATH Reg. Dist. No. , PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY filed MARYLAND Montgomerv In oh death. b. CITY OR TOWN (If outside corporate limits, write ero c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) P Bethesda ington d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS 74 Suburban Hospita 3. NAME OF First Middle DATE Lost filled DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Male White WIDOWED I DIVORCED T угз 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hetired Swift Pack pup Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician John Lee Thompson Mary E. Johnson hours remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 ottending Wif 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 9 Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work p. m March 2, 1958, that I last saw the deceased 21. I certify that I attended the deceased fram. ached and that death accurred at 10-pm, from the causes and an the date stated above. OR: ADDRESS (Street, city or town, stote) ACTUAL DIRE 3 should PHYSICIAN'S the registrar NAME (Type) FUNER, 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

03602

e. IS RESIDENCE

ON A FARM? YES NO

19

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

22d. LOCATION (City, town, or county)

Min.

Hours

page 0 VS A15 (4) SM 10/57

REMIDVAL (Specify) Durin

ADDRESS BONERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE MAR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3623 **CERTIFICATE OF DEATH** Reg. Dist. No director, filed with Poge PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS NAME OF First Middle DATE Month P DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 8. DATE OF BIRTH Months WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole during most of working life, even if retired) 13. FATHER'S NAME physician гетаме WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address ending CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram, alive an and that death accurred at (2) OR: ADDRESS (Street, city or town, stote) ACTUAL should PHYSICIAN'S NAME (Type) FUNER 229 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS BY REGISTRAR VS A15 (4)

15M 10/57

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Yeor Day 19 3 IF UNDER 1 YEAR IF UNDER 24 HR Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALLIPOPS Y PERFORMED? YES DE NO T (County) (Stote) that I last saw the deceased ZAMM, from the causes and an the date stated above. (Stote)

BUREAU V. E.

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TO FUNERAL D

VS A15 (4)

the registror

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 3624

03604

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Maryland MARYLAND Montgomery Montgomery b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) life Boyd Boyd, d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 12 NAME OF First Middle 4. DATE Last Month Day Year DECEASED LIMMIE DEATH (Type or print) TURNER 19 58 March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months female Davs Hours colored WIDOWED DIVORCED [7] Jan. 14, 1900 58 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Campbell Sarah Bowen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address Oscar Turner .. Boyd . Ma . 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arcinom DUE TO of Rectum Carainoma Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 0. 11. While Not while 19 of work of work p. m. 1958, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 2 30 P.M. from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 0 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 3/19/58 St. Marks. Boyds, Md. 23_FUNERAL/DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Rockville, Md.

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MINISTER	PASS AND MICHIGAN	and the second second	
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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	3625 CERTIFICATE OF DEATH Reg. Dist. Q36(15
1, 6	PLACE OF DEATH ON FORM EN MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before optime o. STATE MANUAL COUNTY ONTY	
K	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carpocate limits, write RURAL and give nearest town) RURAL and give nearest lawn) A. NAME/OF HOSPITAL (If not in haspitol, give street oddress) d. NAME/OF HOSPITAL (If not in haspitol, give street oddress)	
		A FARM
	NAME OF DECEASED (Type or print) William HENRY TULES 4. DATE OF DEATH 3 2	Yeor 19_5
/	Male Negro WIDOWED DIVORCED 5-7-1875 82 yrs. Months Doys Hours	s Min
	On USUAL OCCUPATION (Give kin) of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) 12. CITIZEN OF WHAT DURING STORY OF WHAT DURING STOR	AT COUN
	Robert Henry Tyler Jane Moore	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ven. no. or unknown) 11 year, give wor or dates of service) NONE RUIZE TYLEV. SON East thensk	bus
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNTERVAL B ONSET ANI STANDARD AT STAN	
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last. DUE TO (b) Epidermoid Carcinoma, Primary Lt. Thigh (c)	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS PERF	S AUTOP FORMED?
CERTIFICATIO	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	J 1101
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Haur o. m. 19 While Not while at work at work at work 19 work 19 Not while at work 19 Not while 20 Not while 20 Not while 20 Not work 19 Not while 20 Not work 19 Not work 1	(Sta
	21. I certify that I attended the deceased fram 3 - 2, 1950, to 3 - 2, 1958, that I last saw the alive on 3 - 1958, and that death occurred at 336 A.M. fram the causes and an the date star ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. R.D.I. 6 at the Explanation of the Control of th	
220	PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Str.	ote)
	Emory Grove, Md.	
-	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	

CERTIFICATE OF DEATH



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CERTIFICATE OF BEATH

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	PLACE OF DEATH o. COUNTY Montge	omery		MAR	YLAND	2. !	USUAL RESIDENCE (WI b. STATE Maryla		b. COUNTY				sion)
	b. CITY OR TOWN (If RURAL and give ne	outside corporate lim	its, wrile	c. LENGTH OF STAY	r IN 1b		c. CITY OR TOWN (IF		rote limits, write				n)
	Germanto	- The same of the	al	118 70 70 10		K	Germantov	vn -I	Rural				
	d. NAME OF HOSPITA OR INSTITUTION			oddress)		/	d. STREET ADDRESS						FARM?
3.	NAME OF DECEASED	Fi	rst	Middle	e		Last	4. DATE	Mo	nth	De	оу	Yeor
	· · · ·	EALL V	V.	UNGLESI	BEE			OF DEATH	March	9.19	958		19
5.	SEX	6. COLOR OR RACE	7. MAR	RIED TO NEVER MARR	IED 🔲	B. DA	ATE OF BIRTH		9. AGE (In years			IF UND	ER 24 HRS.
	Male	White	WIDOW	ED DIVORCE	ED 🗍	6/	8/70		87 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO		done 10b	KIND OF BUSINESS	OR INDU	ISTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. C	ITIZEN (OF WHAT	COUNTRY
)	Farmer	ing life, even it retired	"	Owner			Maruland	3			T	ISA	
¥3.	FATHER'S NAME			U 1111 U 1		14	. MOTHER'S MAIDEN						
	George W	. Unglest	200				Annie C.	τ.	liens				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	0. 17.	INFOR	MANT			lress			
(Ye	NO. or unknown)	If yes, give war or dates of t	service)	None	1// 0	יז מי כ	E. Ungle	ahee.	-Item#	2			
		TH Enter only one or	ouse per l	ine for (o), (b), and (c)		11 y	E. Ongre	22000.	T C CHH	~	LINIT	ERVAL BE	TWEEN
		H WAS CAUSED BY:		(3 0 - 0	.,		The	1.				SET AND	
	14201	IMMEDIATE CAUSE (c	,	Carlo	no	ng	VIVE	wie	eas.		- /	ca	7
	Candidan it as		,	1		,	6.0				162	1 ,1	0 000
	Conditions, if on gove rise to in	mediate)		1-74	22	7 2 66	1 /			- 2		127
	couse (o), stoting t lying couse lost.					-/							
CERTIFICATION		ER SIGNIFICANT CON	-	CONTRIBUTING TO DE	ATH BUT	TNOT	RELATED TO THE TERMI	INAL DISEASI	CONDITION GI	VEN IN PA	RT 1(o)	PERFC	DRMED?
TIFIC	20a. ACCIDENT WAS	UNDERLYING []	20b. DES	CRIBE HOW INJURY C	OCCURRE	D. (En	ter noture of injury in	Port I or Port	II of item 18.)			165	ио 🗌
CER	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. I	NJURY OCCURRED	20e. Pl	ACE C	OF INJURY (Home, farm	, 20f. (City	or town)		(County)		(Stote)
AEDI	Hour o.m. p.m.	19	While of wo		fo	etory,	street, office bldg., etc)					
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		at I attended the	deceas		0		-//		, 195	that I	last s	aw the	deceased
	alive an 5	Z	, 195	and that	t death	occ	urred at 8:30 /				the do		
	ACTUAL SIGNATURE	ernon	٤.	marten	De la	M.D.	Se	ADDRESS (SI	seet, city or town,	stote)	Z	_	ATE SIGNED
	PHYSICIAN'S Ve	rnon E. N	Tarte	ens									
	BURIAL, CREMATION REMOVAL (Specify)	3/14/58)F	Neelsville					ION (City, town, ville, Mo			(Stot	e)
	FUNERAL DIRECTOR'S			ADDRESS	1 -1			D BY REGIST		STRAR'S S	IGNATU	RE/	
	Robert A.	Pumphre	у-В	ethesda, M	d.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'58	Vile	auc	h	

e funeral director, build be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physicion.

TO FUNERAL DIPECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 shault detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremotian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03607 **CERTIFICATE OF DEATH** 3627 Rea. Dist. No. I director, filed with hours after death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND funeral uld be fi b. CITY OR TOWN (If autside corporate Umits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Lexina YES NO NAME OF First Middle 4. DATE Month Year Day DECEASED usan (Type or print) DEATH 195 0 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys camplet WIDOWED | DIVORCED T yrs. paper 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign bountry) CHIZEN OF WHAT COUNTRY? during most of working life, even if retired) wand pup pou offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY cerebrovascular acc IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which Cardiovascular gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour g. m. While Not while of work of work ... 1958 that I last saw the deceased 21. I certify that I attended the deceased from 10 PM, from the causes and an the date stated above. 8 and that death occurred of... CTOR: ADDRESS (Street, city or town, stote) det DATE SIGNED 0 ACTUAL SIGNATURE PHYSICIAN'S shau NAME (Type) O FUNER m 220. BUNNAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATERY 22d. LOCATION (City_town or o (State) page he BY REGISTRAR 24b. REGISTRAR'S/SIGNATURE VS A15 (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3628 CERTIFICATE OF DEATH

(13608 Reg. Dist. No.

o. COUNTY Mont	gomery	MARYLAN	2. USUAL RESIDENCE (Maryl		d. If instituti b. COUNTY		before admis	
	(If outside carporate limits,	write c. LENGTH OF STAY IN 1 2 mo.		autside corporate	limits, write R	URAL and give	e nearest taw	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gived by the control of th	Foundation	d. STREET ADDRESS 13,118 BL		ad		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Mary	Middle Derothy	Upperman	4. DATE OF DEATH	Mor 3		Doy 23	Yeor 19 58
5. SEX	W	MARRIED NEVER MARRIED VIDOWED DIVORCED	5/26/71		GE (In years ost birthday) yrs.	Months Da	YEAR IF UND	ER 24 HRS. Min.
Homemaker 3. FATHER'S NAME Charles F	(king life, even if refired)	own home	Washington 14. MOTHER'S MAIDEN Mary Betz	n, D. C.	y)		S.A.	T COUNTR
	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	S? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Ar. Noble A. Up	pperman,	13118	Bluhil:	l Road	
Conditions, if a gave rise to couse (a), stoling lying couse last.	the under-	Serval Cerebral Historie	attro Se	hersi	0		U or	DEATH
200 ACCIDENT W		TIONS CONTRIBUTING TO DEATH				EN IN PART 1((a) 19. WAS PERFO YES	DRWED5
OR ACCIDENTIAL OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year	20d. INJURY OCCURRED While Not while	PLACE OF INJURY (Hame, for foctory, street, affice bldg., et	m, 20f. (City or t		(Cou	nty)	(Stale)
	nat I attended the c	of work of wark leceased fram.	ath accurred at 330	My from the	e causes o		date state	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	J. W. Bir	rd	m.v	77				

PERSONAL DESCRIPTION

Ingress letter deldering

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NEST EFRANCIA PROJECTION

the Mr. North & Unpertion 1 1913 West Long

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BUREAU V. R.

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CERTIFICATE OF DEATH

BUREAU Y. Z.

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Topplier toller in Green Finn

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. N b. COUNTY e. IS RESIDENCE ON A FARM? YES NO TO Year Day 1958 March IF UNDER 1 YEAR IF UNDER 24 HRS Months Days YES 12. CITIZEN OF WHAT COUNTRY U.S. Address (Sames as INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(State)

DATE SIGNED

(State)

(County)

19 58 to 7 March 19 58 that I last saw the deceased

Naval Hospital, Bethesda Md. 3-8-58

U.S. Naval Hospital, Bethesda Md.

22d. LOCATION (City, tawn, or county)

Virginia

246. FEGISTRAR'S SIGNATURE

MARKIAND STATE DEPARTMENT OF HEALTH-BALTHMORE, YO

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	3630		CERTIFIC	AIL OI	PLAII			Reg. Di	st. No.	217	
1. PLACE OF DEATH o. COUNTY Montgome			MARYLAND	II a STATE	Maryla:	-	d lived. If instituti b. COUNTY		ce befar	e admis	sian)
b. CITY OR TOWN (If autside RURAL and give nearest to	e corporate limits,	write c. LENG	OTH OF STAY IN 16	c. CITY	OR TOWN (If	autside carpo	rate limits, write R	URAL and	give nea	rest taw	n)
Bethesda (Rura	1)		days	X	West M	oorela	nd Hgts.				
d. NAME OF HOSPITAL (IF OR INSTITUTION U.S. Naval Hos			Marylan	- 1 /	5325 C	arvel	Road			ON A	SIDENCE A FARM?
3. NAME OF	First		Middle		Lost	4. DATE	Mon	ath .	Day	y	Yeor
(Type or print)	George	e	(nmn)	WADSWOE	RTH	OF DEATH	Mar	ch	5		1958
5. SEX 6. CC	DLOR OR RACE 7.	MARRIED N	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
Male Wh	ite w	/IDOWED	DIVORCED [3 Apr	1 1893		last birthdoy) 64 yrs.	Months	Days	Hours	Min.
Oa. USUAL OCCUPATION (Give during most of working life	re kind of work dan	ne 10b. KIND OF	BUSINESS OR INC	OUSTRY 11. BIRT	HPLACE (State	or foreign co	ountry)	12. CIT	IZEN OF	F WHAT	COUNTRY
Career Diploma		gn Servi	ce, U.S.	Fov t	New Y	ork		U	.s.		
3. FATHER'S NAME					ER'S MAIDEN N	NAME					
Cowles WADSWOR	TYPH			Mabe	1 MILL	ER					
IS. WAS DECEASED EVER IN U.	S. ARMED FORCES	S? 16. SOCIAL S	SECURITY NO. 17.	INFORMANT			Add	ress			
No. or onknown,	we war or agres or service	None	(1	Duaghter) Mrs.	Cardi	ne W. Ha	rris	(Bar	ne A	s #2)
18. CAUSE OF DEATH [E	nter anly ane cause	per line for (o).	(b), and (c).]				L.				ETWEEN
PART I. DEATH WA	S CAUSED BY:	Alrel	nal 1	MAROL	las	11	11 8011	4	ONSI	ET AND	DEATH
154X	DUE TO	Carabo	W.C. //	por co	3000	000	CARLEN				
Conditions, if any, wh	nich)	Dest	- RAPS	Time	1 am	ale.	etia.		11	0 /	10118
gave rise to immedi	ote Due To		1	0		·	and h	0			wire
tying cause last.	ler-	21	Reser	tion	Mires	uem	e Rece	Time			
PART II. OTHER SIG	NIFICANT CONDIT	IONS CONTRIBU	JTING TO DEATH B	UT NOT RELATED	TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PAR	T 1(a) 15		
PART II. OTHER SIG											DRMED?
20g. ACCIDENT WAS UND	ERLYING 20	b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter notu	re of injury in	Part I ar Port	t It of item 18.)				- Lead
	AL EXAMINER)						53555				
20c. TIME OF INJURY Mon		20d. INJURY OF		PLACE OF INJU- factory, street, o	RY (Hame, form	20f. (City	or town)	(0	County)	F 6 3	(State)
p. m.			while vark	,,,	inco bragily old	"					
21. I certify that I c	attended the de	eceased from	23 Febr	uary 19	58 to 5	March	1958	that I	last sa	w the	deceased
alive on 5 Marc		19 58	and that dea		/	A _M from					
	//	, , , , , , , , , , , , , , , , , , , ,	und mar dea				reet, city ar town,		ie dui		ATE SIGNE
ACTUAL SIGNATURE	wor	Elen.	PIOT	U.S			tal, Bet		. Mc		- 0
SIGNATURE				_ M.D.					/		
PHYSICIAN'S NAME (Type) C.W.	BRAMLETT	LT MC I	ISN	U.S	Naval	Hospi	tal, Bet	hesda	, Mo	1.	
220. BURIAL, CREMATION, 226	DATE THEREOF	22c. N/	AME OF CEMETERY	OR CREMATOR	1	22d. LOCAT	ION (City, town,	or county)		(Stat	(e)
Burial (Specify)	3-10-58	Pr	ivate Cer	neterv			lo, New				
3 FUNERAL DIRECTOR'S SIGN			DRESS		24a. REC'	D BY REGIST	-	STRAR'S SIC	SNATUR	E	
R.A. Pumphrey,	7557 Wise	consin A	ve., Bet	hesda .M	DATE	AD 4 D	10 G00	1	uen		
	100					0127 11	TY I Provi	- 11 - 2 AN	AND THE RESIDENCE OF THE PARTY		

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CERTIFICATE OF DEATH Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write . LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give rearest tawn) RURAL and give neares) town d. NAME OF HOSPITAL (If not in hospital, give street address) 74 d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P NAME OF DATE Month Day Year DECEASED (Type or print) DEATH 19.5 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED . DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY \$1. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired) 13_FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Myocardis IMMEDIATE CAUSE (a) erebral Hemorrhage & left hemiplesis Conditions, if any, which gave rise to immediate Cerebrosderosis **DUE TO** ude termi couse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While at work at wark 21. I certify that I attended the deceased fram. That I last saw the deceased and that death accurred at M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Eastern Ave. Mar. PHYSICIAN'S Silver Spring, Md. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Washington, D. Olivet Buria 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D. BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Bethesda, Maryland

DATE

VS A1S (4)

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CERTIFICATE OF DEATH

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BUREAU V. A.

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VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH

03613 Reg. Dist. No. 215

1	. PLACE OF DEATH a. COUNTY Montg	omery		MARY		USUAL RESIDENCE (Wo. STATE	here deceased	d lived. If institution b. COUNTY	on: Residence b	efore admis	sion)
1	b. CITY OR TOWN (If RURAL and give nec	outside corparate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write RI	URAL ond give	nearest tow	n) /
	Bethesda (R			3 days		Fal	ls Chu	rch	83 X	3	
	d. NAME OF HOSPITA	L (If not in hospitol, g	ive street	oddress)		d. STREET ADDRESS	500			e. IS RE	SIDENCE
	U.S. Naval	Hospital,	Bethe	sda, Md.		410	9 Oakd	ale Raod			NO X
1	NAME OF DECEASED	Fi	st	Middle		Lost	4. DATE	Mon	th	Doy	Yeor
	(Type or print)	Phil	ip	Andrew		WALKER	DEATH	March	h	23	19 58
1	. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 8. D.	ATE OF BIRTH	Will.	9. AGE (In years last birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.
	Male	White	WIDOW	DIVORCED	0 23	June 1907		50 yrs.	Months Day	s Hours	Min.
Ī	0a. USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTRY		or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY
	Mariner	ng me, even ir remed		.Naval Off	icer	Iowa			U	·S.	
)[ī	3. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
	Henry G.	Walker			2	Signy Vebl	en				
1	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOI			Addr	est		
	Yes Curre	f yes, give wor or dates of s	ervice) 57	8 14 8762	Wife	, Mrs. Kat	hryn G	. Walker	(Same	As #2)
	Conditions, if on gave rise to im couse (o), stoting the lying cause last.	mediote DUE TO)			/			7	/	
	5			ONTRIBUTING TO DEA					EN IN PART 1(o	PERFC	AUTOPSY ORMED?
- 1		CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CCURRED. (Er	iter nature of injury in	Part I or Part	II of item 18.)			
1	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While	NJURY OCCURRED Not while of work	20e. PLACE (foctory,	OF INJURY (Home, form street, office bldg., etc	n, 20f. (City	or town)	(Coun	ly)	(Stote)
/	alive an 22 1	Merodh C	19 an	od fram 20 Ma 58, and that	death acc	, 19 58, to 2 curred at 7:30 U.S. Naval U.S. Naval	AM, from ADDRESS (SI Hospi	tal, Betl	nd on the o	date state D. Md . 3	ed above. ATE SIGNED
2	20. BURIAL, CREMATION REMOVAL (Specify) Burial	3-26-58	F V	22c. NAME OF CEME	TERY OR CR		22d. LOCAT	ngton, V	r county)	(Stot	e)
2	S ELINE MAI DIDECTORE	Testa is round	Pa	ADDRESS			D BY REGIST		TRAR'S SIGNAL		
	Chambers.	1400 Chapi	n St.	N.W. Washin	gton.I				mulde		

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BUREAU V. S.

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633	CERTIFICATE	OF	DEAT
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	U	OOO		•		•		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	Montgomer	У	MARYLAN		USUAL RESIDENCE (V 9. STATE Virginia	Vhere decease	ed lived. If institution by COUNTY				sion)
b. CITY OR TOWN (RURAL ond give n Bethesda	If outside corporate limi earest town)	ts, write	64 days	Ь	c. CITY OR TOWN (III Manassas	outside corp	orole limits, write R	URAL ond	give ne	oresi low	n) /
	TAL (If not in hospital, s ical Center		oddress)		d. STREET ADDRESS	Stree	t			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fig		Middle Sue		tosi Wampler	4. DATE OF DEATH	Mon		Do	у	Yeor 19 58
s. sex Female	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED S		ATE OF BIRTH	1955	9. AGE (In years last birthday) 2 yrs.	IF UNDE Months	R 1 YEAR Days	IF UND Hours	ER 24 HRS. Min.
10o. USUAL OCCUPATION during most of wor None	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	Virgin:		country)	12. C		S. A	T COUNTRY
13. FATHER'S NAME Lacy Warm	oler			1.	Dorothy S						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO. 1			edical	Record		Me	rvla	~ 3
PART I. DE/ 756, 2 Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate DUE TO	Br Fib	onchopnes	ser.	se if pl		en creas	'EN IN PA	2	- he-	ents autopsy
O THE EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in	n Port I or Pa	rt II of item 18.)				ORMED?
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	20d, If While of wor	Not while	PLACE foctory.	OF INJURY (Home, for street, office bldg., e	rm, 20f. (Cit	y or town)		(County)		(Stote)
actual SIGNATURE	reh 1 Nesste	decease, 19 decease	ed fram December 1985, and that december 1995, and that december 1995, and that december 1995, and the second seco	oer in action of the control of the	The Clin	OAM, from ADDRESS (S ical C Insti	m the causes a street, city or town, enter tutes of	ind on state)	the da	te stat	deceased ed abave ATE SIGNED 1–58
220. BURIAL, CREMATIC REMOVAL (Specify)	mas. 3	958	22c. MAME OF CEMETER Valley ADDRESS	Y OR CR			TION (City, town, o	or county)	1	(Stot	A.
		Ivati		ar I a	ad MAR	7 58	The state of the s	e Auce	M		

funeral director, ould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PORTION: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauk.

detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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Indicate Secretary Market I

VS A15 (4) 1SM 9/S5

death.

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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY MARYLAND c. CITY OR IOWN If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) 20 aus d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Day DECEASED OF DEATH Jabr (Type or print) 19 6. COLOR OR RACE S. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours DIVORCED T WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. EATHER'S NAME 'S MAUBEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour foctory, street, office bldg., etc.) o. m. While Not while of work of work 21. I certify that I attended the deceased from 1958 that I last saw the deceased and that death accurred at 625P alive an M, fram the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) -eh 22 BURIAL FREMATION NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 3. FUNERAL DIRECTOR'S SIGNATU REC'D BY REGISTRAR 24bcREGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/SS

W. N. S. C. C. BARRIO

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funeral director,

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3635 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF D o. COUNTY		76	MARYL	AND	2. USUAL RESIDENCE (WHO STATE West Vi		b COUNTY	on: Reside	ence befo	ore admiss	ion)
RURAL on	TOWN (If outside corporate limed give nearest town)	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (If a	oulside corpo		URAL ond	give ne	arest town	1) \
d. NAME OF	F HOSPITAL (If not in hospital, grund) Aval Hospital,	d. STREET ADDRESS Baber Route e. IS RESIDENCE ON A FARM? YES NO									
3. NAME OF DECEASED (Type or prin	nt) JC		Middle Bryan		Lost WIBLIN	4. DATE OF DEATH	Marc		Do		Yeor 19:58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years tast birthday)			IF UNDE	R 24 HRS.
Male	White	WIDOWE	_	_	July 1898		59 yrs.	Months	Doys	Hours	Min.
during mos	CCUPATION (Give kind of work of working life, even if retired a, C & O Railro)	Commercia	_	TRY 11. BIRTHPLACE (Stole West V	irgini			U.S.	F WHAT	COUNTRY
	m WIBLIN										
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REMOVAL Buria	1 9 March 1	0	MC Million		crematory rch Cemetery		ION (City, town, o		est	(State	
11000	mphrey, 7557 Wi	scon	ADDRESS sin Ave., Be	the		D BY REGISTI MAR 7	24b. REGIS	STRAR'S SI	GNATUI	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the <u>attending physician</u> and campletely filled in by page 3 shauld etached far use as the burial-transit permit. Then etached remove carban papers. Pages 1 and 24 the registrar principle burial, cremation, ar removal, and in any event within 72 haurs after death.

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CERTIFICATE OF DEATH 3479 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY MARYLAND gamer b. CITY OR TOWN (If cuitide corporate limits, write RURAL and give neares) town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 D d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS lashinaton NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) DIVORCED WIDOWED | papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) HOME carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 6. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** p Sup Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., etc.) Hour a. m While Not while of work of work p. m 21. I certify that I attended the deceased fram. MARCH , and that death accurred at 112 A.M., from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S ANISH 200 NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) PRINCE GEO. COUNTY LINCOLN CREMATORY 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR DATMAR 3 1 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No

e. IS RESIDENCE ON A FARM? YES NO

Year

195

Day

IF UNDER I YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES NO

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DATE SIGNED

(Stote)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

246 REGISTRAR'S SIGNATURE

that (last saw the deceased

b. COUNTY

Month

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yrs

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Months

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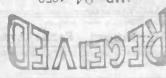
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bypage 3 shau,

detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and he registrar prot to burial, cremation, ar removal, and in any event within 72 hours after death.

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>	3480 CERTIFICATE OF DEATH Reg. Dist. No.
)	1. PLACE OF DEATH a. COUNTY D. CITY OR TOWN (If outside corporate limits, write) C. LENGTH OF STAY IN 1b RURAL and give nearest town) D. NAME OF HOSPITAL (If not in haspital, give street oddress) D. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN
	OR INSTITUTION OR INSTITUTION
\/	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a, ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c, TIME OF INJURY Month, Day, Year Hour o. m., While of work
/	21. I certify that I ottended the deceased from forming 8, 1958, to Mark 21, 1958, that I last sow the deceased olive on which 20, 1958, and that death occurred at 5 3 AM, from the causes and on the date stated above. ACTUAL STORIS (Street, city or town, state) PHYSICIAN'S BORIS RABKIN SILVER Spring Many Land 3/21/58
	220. BURIAL TERMICON. AND ACT OF COMMETTER DECEMBERY DECEMBERY DECEMBERY DECEMBERS CO., 1400 Chapin St., N.W., Wash Compt. 220. BURIAL TERMICON. 220. DATE THEREOF 220. NAME OF CEMETERY DECEMBERS CO., 1400 Commetery. 220. LOCATION (City, town, or county) 220. LOCATION (City, town, or county) 220. Norristown, Pennsylvania. 220. RECISTRAR'S SIGNATURE 240. RECISTRAR'S SIGNATURE



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NAME CT NORTH FIRST No.	,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	-					e. IS RESIDENCE ON A FARM?
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The course of Death Enter only one course per line for (o), (b), and (c)				Lucy Buc	h			
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DUE TO John Course (a), stoting the under- Jying couse lost. Jying couse lost.		-7	. 0	10.00	r .	1	1	
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work	FICA	Generalize						YES NO
Hour o. m. 19 While of work o	L CERTII		CCURRED	. (Enter noture of injury in P	ort I ar Port II (of item 18.)		
alive on March 16, 1958, and that death accurred at 8 A. M., from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S ENO MAGI 220. BURIAL, CREMATION, PREMOVAL (Specify) BUTIST 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	MEDICA	Hour o. m. While Not while	20e. PLA foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or	town)	(Count	ly) (State)
alive on March 16, 1958, and that death accurred at 8 A. M., from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S ENO MAGI 220. BURIAL, CREMATION, PREMOVAL (Specify) BUTIST 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		21. I certify that I attended the deceased from Jeptes	wife	2 1957 to Ma	arch 16	19 (1)	that I last	saw the decease
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGN 3/6/5 PHYSICIAN'S HAME (Type) PARTICLE ACCURATION (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGN 3/6/5 PHYSICIAN SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGN 3/6/5 BLOCATION (City, town, or county) (State) Burial 23. EJINERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		1 1 1	death					
PHYSICIAN'S NAME (Typo) E/NO MACT Silver Spice States Stat				A				DATE SIGNI
PHYSICIAN'S EINO MAGI 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 23. FUNDERAL DIRECTOR'S SIGNATURE PHYSICIAN'S EINO MAGI Silver Species Medical Magical Magical Silver Species Medical Magical Mag		SIGNATURE ECCCO CICCEPY,	M	10. 918 Chair	ernty	Blud E	. /	3/16/5
REMOVAL (Specify) Burial 3/18/58 Loudon Park Cem. Balto., Md. 23. EUNIERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 34b. REGISTRAR'S SIGNATURE		PHYSICIAN'S E (A/O AO AC)		Silver	Sprice	s lu	Cury	land
Burial 3/18/58 Loudon Park Cem. Balto., Md. 23. EUNIERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	22	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEME	TERY OR	CREMATORY	2d. LOCATION	(City, town, or	county)	(State)
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 245. REGISTRAR'S SIGNATURE		- 20/20/20	Park	Cem	Balto.	. Md.		
	23.	+	11		BY REGISTRAR		AR'S SIGNAT	TURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3637 CERTIFICATE OF DEATH

Reg. Dist. No. 113621

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (V		If institution: Residence COUNTY	e before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		its, write RURAL and gi	ve negrest fown)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION The Clinical Center. Bet	address)	d. STREET ADDRESS Box 2	92		ON A FARM? YES NO T
3. NAME OF First DECEASED (Type or print) Harold	Middle Peter	Last Woods	4. DATE OF DEATH	Month March	21, Year 21, 19 58
5. SEX 6. COLOR OR RACE 7. MARR Male White WIDOWE	IED NEVER MARRIED	B. DATE OF BIRTH October 31.		L -41 1	YEAR IF UNDER 24 HR5. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	kind of Business or Indu			12. CITIZ	ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Harold Woods	. 191		e Evans		
[Yes, no. or unknown) ; (If yes, give war or dates of service)		Phe Clinical			Maryland
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONDITION	ngenital Heart d pulmonic val st Operative h	vular stemosi emorrhage int dneys. Cardi	is - Post (co mediosti ac Arrest.	Operative. inume	
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED 20e. Pl	ACE OF INJURY (Home, far	rm, 20f. (City or town	4	(6.1)
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur o. m. 19 White at world	_ Not while fo	ictory, street, affice bldg., e	tc.)	. (Cc	ounty) (State)
21. I certify that I attended the decease alive on March 21. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) CARLOS B. LOMBA	and that death	12:09 P.M. M.D. The Cli Nationa	ADDRESS (Street, cit nical Cent	causes and an the y or town, state) er es of Heal	ast saw the deceased e date stated above DATE SIGNED 3/24/58
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3-25-58	22c. NAME OF CEMETERY C		SEW	ity, town, or county) ARD A	LASKA
23. FUNERAL DIRECTOR'S SIGNATURE W.W. CHAMBERS CO	1400 Ch	Min ST 1945	MAR 2 7 '58	246. REGISTRADS SIGI	natures nuch

PARTY LAND STATE DEPARTMENT OF MEASTH-ESSETMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03623 Reg. Dist. No.

PLACE OF DEATH o. COUNTY LONT GOMERY	MARYLAND	2. USUAL RESIDENCE (Where of STATE	deceased lived. If institution b. COUNTY	n: Residence bef	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) SILVER SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e carporate limits, write RI	JRAL and give ne	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	oddress)	d. STREET ADDRESS	71	•	e. IS RESIDENCE ON A FARM?
A CAMPAGE AND A PARTY OF THE PA	IOME	4901 9th ST	REET N.W.		YES NO
NAME OF DECEASED (Type or print) POSE	ADELA I DE	1/	DATE Mont	th D	y Year
SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		R IF UNDER 24 HRS.
F CAUC WIDOWE	DIVORCED [3-28-1870	last birthday) yrs.	Months Days	Hours Min.
o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GRAND SECRETARY	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Slote or for WASH. D.C	•		OF WHAT COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
JAMES LAVENDER		CHARLOTTE	BERGER		
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		INFORMANT	50	51 NEW	HAMPSH 7
es. no. gr unknown) [If yes, give war or dates of service) 57	9-12-6449A H	ENRIETTA L. R	OBINSON AT	TE MAS	H DC
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS C	ENEIGHLIZ SSENTIAL ONTRIBUTING TO DEATH BU		EUSCLER BUSTON DISEASE CONDITION GIVE		19. WAS AUTOPSY
20g. ACCIDENT WAS UNDERLYING 20b. DESCOR CONTRIBUTING 2 CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I	or Part II of item 18.)		PERFORMED? YES NO P
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
Hour o. n. While	Not while at work	ACE OF INJURY (Home, form, 20 ctory, street, office bldg., etc.)	Of. (City or town)	(Caunty)	(State)
21. I certify that I attended the decease alive on MARCH 3, 195		, 1957, to 4/A	RCH 3, 1956 , fram the causes a	that I last s	aw the decease
ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNAME (Type) SIGNAME (LOW DE A) 12c. NAME OF CEMETERY C	M.D. 520 6 Chen	RESS (Street, city or town, s	4D)	DATE SIGNE

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